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Becoming a Parent After Infertility

by

Monique Georgette Sedgwick

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfilment of the requirements for the degree of Master of Nursing.

Department of Faculty of Nursing

Edmonton, Alberta

Fall, 1995

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Becoming a Parent After Infertility submitted by *Monique Georgette Sedgwick* in partial fulfillment of the requirements for the degree of Master of Nursing.

Dr. Margaret Harrison

Dr. Beverly O'Brien

Dr. Dianne Kieren

This thesis is dedicated to...

My husband, Gary, whose love, encouragement and support made this project possible.

Our children, Noelle and Mykola, who have inspired me to ask questions about parenting.

My parents for their endless support during my pursuit of nursing education.

Abstract

With the advances and refinements made in reproductive technologies, it is not unusual for previously infertile couples to achieve pregnancy and subsequent parenthood. However, little is known about the couples' experiences in becoming parents after infertility. A qualitative approach was used to explore and describe the experience of becoming parents after infertility. The sample consisted of six couples as well as a negative case, a couple who became adoptive parents prior to becoming biological parents. Conjoint interviews were conducted to capture the shared experience of both partners in becoming parents. The data were analyzed using the constant comparative method. As secondary informants, another couple served to clarify and verify the description of becoming parents after infertility. The findings of this study suggest that previously infertile couples experience parenting after infertility as a period of uncertainty requiring continual adjustment in their perceptions of themselves. The previously infertile couples feel uncertain in relation to their view of self, the couple alliance, the pregnancy outcome, family boundaries, and parenting. In order to manage the necessary adjustments, the couples used the strategy of protecting for themselves, the couple unit, the child, and for the family unit.

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CHAPTER I

INTRODUCTION

The birth of a baby radically changes a family's life (LaRossa & LaRossa, 1981). Where once the definition of family and becoming a parent occurred within the context of a heterosexual married couple living together raising their biological children, changes in norms and structure of families have resulted in the realization of parenthood in a variety of situations. For example, there are spouses who live together and raise their biological children, adoptive parents, teenage parents, single parents, divorced parents, blended families, surrogate parents, and previously infertile parents.

Given this wide situational range in which parenting is carried out, the concept, transition to parenthood as originally developed may no longer be applicable. In order to understand what becoming a parent means as it occurs today, the transition must be described and explained within the context in which it occurs (Daly, 1991). A unique situation where the context in which the transition to parenthood may occur and which requires exploration, is that of becoming parents after infertility.

As noted by Daly (1991; 1988), though most married couples may desire children and for the vast majority become parents without difficulty, for other couples taking on the parental identity is hampered by infertility. Seven percent of Canadian couples experience difficulty in conceiving and bearing a child (Royal Commission on New Reproductive Technologies, 1993). However, over 50 percent of the couples

who seek medical assistance will attain their goal of becoming parents (Bernstein, 1990; Dunningston & Glazer, 1991; Sandelowski, 1987).

Though successful in achieving pregnancy, couples who experience infertility must define and redefine what parenthood and family means to them (Daly, 1991). They must relinquish the infertile role in order to adopt the identity of parent (Sandelowski, Harris, & Black, 1992). As noted by Sandelowski, Harris, and Holditch-Davis (1989), the impact of alternative routes to parenthood on the taking on of the parental identity has yet to be fully explored. The lack of research pertaining to assuming the parental identity following infertility is an area of concern given that families share a history, biology, and a future (Copeland & White, 1991).

To date, much of the theoretical literature related to development of the parental identity has focused on the individual mother or father rather than on the shared experience of couples becoming parents. For example, Rubin (1984) has theorized that an expectant mother must proceed through the psychological tasks of pregnancy in order to attain the maternal identity. These tasks include: mimicking or replicating desirable behaviours displayed by other mothers, fantasizing about the idyllic child and finally, separating herself from the unborn child and others thereby permitting the internalization of images of self as parent. In her research, Mercer (1981) describes the process of attaining the maternal identity as moving through the stages of adhering to rules and directives of others to that of developing one's own maternal role. According to Mercer, the maternal identity is attained when the mother achieves competence in the role of mother through the integration of mothering behaviours into the mothering role.

Other researchers have focused on the attainment of the paternal identity. Henderson and Brouse (1990) propose that fathers proceed through a three stage process during the transition to fatherhood. The first stage prior to the birth of the child, is that of the father describing his expectations of caring for a newborn. The second stage of coming to terms with the reality of living with a baby, begins shortly after the baby arrives home. The final stage which occurs at approximately three weeks postpartum, is the transition to mastery in fathering. The mastery of skills is characterized by the father taking control and working at acquiring the skills necessary for fathering. According to Henderson and Brouse, the identity as father is established when the fathers are able to master the skills associated with the fathering role.

The body of research which has focused on the transition to parenthood by couples has described becoming parents as a crisis (LeMasters, 1967), or as being accompanied by some difficulty (Hobbs & Cole, 1976), or as being stressful (Smith Russell, 1974). Other researchers have addressed the effect of such variables as infant behaviour, attitudinal variables, and marital satisfaction with partner relationships on the transition to parenthood (Belsky, Lang, & Rovine, 1985; Broom, 1984; Mercer, Ferketich, & DeJoseph, 1993; Roberts, 1983). Though these variables may have considerable influence on the experience of becoming parents, these studies do not specifically address how the process of taking on the parental identity occurs. Furthermore, this particular body of research does not address the experience of becoming parents following infertility.

Only three research studies which focused on the formation of the parental

identity following infertility were found. In a quantitative study, Dunnington and Glaser (1990) compared the development of the maternal identity of six previously infertile and five never infertile women. These researchers found that at four to six weeks postpartum, the previously infertile women displayed an altered pattern of internalization of the maternal identity as a result of their lack of self-confidence.

Findings from the second study, a quantitative study of 32 previously infertile couples and 20 never infertile couples, indicated that such factors as the cognitive dissonance between the ideal and real self and between the fantasy and real child, as well as the lack of role models increased anxiety during pregnancy and decreased self-esteem thereby making the transition to parenthood particularly difficult for previously infertile couples (Bernstein, Mattox, & Kellner, 1988). These findings were based upon the results of administering the Hopkins symptom check list which measures levels of depression, hostility and interpersonal sensitivity. In many cases however, only one partner participated in the study. The results therefore, may reflect a gender bias. As well, the specific time frame in which the tool was administered was not identified. This is of particular importance since it is believed that the development of the parental identity may take between three and ten months postpartum (Mercer, 1985).

Daly (1988) conducted a qualitative study in which 74 couples were interviewed following adoption. He found that becoming parents after infertility through the adoption of a child requires the parents to progress through three stages in order to identify themselves as parents. These stages include: defining biological parenthood as problematic, relinquishing biological parenthood, and identifying with

adoptive parenthood.

It is apparent that further research is needed in order to fully understand the process of becoming parents after infertility. These studies must be focused on the interaction within the couple as they jointly develop an identity as parents. In this way, the components of successfully achieving the identity of parent after infertility can be identified and described within the family context.

Statement of Purpose

In response to the limited information in the literature related to becoming parents after infertility, the purpose of this research study was to describe the development of the parental identity following infertility.

Research Question

The following question was used to guide this research:

1. How do previously infertile couples describe the experience of acquiring the parental role and identity?

Significance of the Study

Nurses who work with families in prenatal classes, baby well clinics and immunization clinics, are in the unique position to provide education and support for previously infertile couples as they proceed through pregnancy to the parenting of children. In order to provide education and support for these families, nurses require an understanding of the experience of becoming parents after infertility. It is hoped that the findings of this study will assist nurses working with previously infertile couples to develop appropriate interventions which will facilitate their transition to parenthood. It is also hoped that the findings will help identify health needs of the

family and enhance overall family health and well being.

The results of this study will also serve to broaden the scope of the literature regarding the process of becoming parents. It is hoped this descriptive study will provide greater understanding of the transition to parenthood in the context of being previously infertile.

CHAPTER II

LITERATURE REVIEW

A critical analysis of the existing research related to the perception of self as parent after infertility will be presented. A computer assisted search including CINAHL, MEDLINE, PSYCHLIT, ERIC, and SOCIOLINE from 1984 to June, 1995 was conducted in order to review journal articles from nursing, medicine and the behavioral sciences. The reference lists of selected articles, books and theses were examined for entries of other pertinent nursing research. Finally, classical research work considered relevant to this review was also included.

The discussion will begin with the presentation of the theoretical literature concerning the development of the maternal and paternal identity. Following this discussion will be a presentation and analysis of research studies concerning the transition to parenthood. Finally, literature pertaining to the development of the maternal and paternal identity following infertility and through adoption will be presented and analyzed.

Maternal and Paternal Identity

Many authors have referred to the notion of parental self-concept although most have used another term or phrase to convey this idea. Benedek (1970) referred to 'maternal self-confidence'; Rubin (1984) discussed 'maternal role attainment'; and Ludington-Hoe (1977) used the term 'maternicity'. As can be noted, all of these authors have discussed the notion of the parental self-perception in terms of motherhood. Other authors have focused on the parental identity in terms of

becoming a father (Cowan, 1991b; Henderson & Bourse, 1990) while Daniels and Weingarten (1991) described the development of the paternal identity in terms of the 'fatherhood click'.

Maternal Identity

In her description of 'motherliness' Benedek (1970) emphasized the importance of the new mother's relationship and positive identification with her own mother. However, this identification may be made more difficult because of conflicts from an impaired psychosexual development of the personality, and from the difficulties associated with the actual tasks of motherhood.

Parental self-feelings were described by Benedek as those feelings which develop as a mother interacts with her child. In particular, a mother develops confidence with every successful experience in feeding and caring for her child. Over time, the mother's sense of motherliness develops as a result of being able to satisfy the infant's hunger and need for human contact. Motherliness therefore, is the foundation for the healthy development of the child.

Benedek's framework also suggests some sources of difficulty in developing the sense of 'motherliness'. One such conflict is related to the notion of women being unable to let go of the 'masculine' ego ideal and therefore, being unable to permit themselves the "...regression that lactation and the bodily care of an infant imply" (p.161). Though it is assumed by Benedek that mothers relive their own childhood as their child passes through the various stages of childhood, conflicts in the development of motherliness arise when the mother is unable to emotionally separate herself from her child. In this situation, the child's normal growth and development

is impaired and the mother-child relationship becomes pathogenic where the mother experiences remorse as a result of her failure in being able to effectively parent the child.

While Benedek looked to the mother's history to understand the parental self-concept, Rubin (1972; 1984) discussed the influence of contemporary, interpersonal and societal factors on the parental self-awareness. According to Rubin, the incorporation of the maternal identity begins with each new pregnancy and is essentially independent of previous childbearing and childbirth experiences. Pregnancy is the time period which allows the expectant mother to prepare herself to become the psychosocial mother and to receive the child in her life space.

Rubin has suggested that the pregnant mother consciously or unconsciously chooses the images which portray motherhood in a manner which best fits her. These images define her as a mother and guide her behaviour. Furthermore, the images serve to develop the ideal mothering self and provides continuity between the self and the body image. Four psychological operations which the mother undertakes that act as the precursor to attaining the maternal identity are: replication, where the expectant mother mimics other mothers' behaviours; role playing of mothering activities; through fantasy, speculation of how it will be as mother to her child; and finally, the internalization of a more lasting and individualized image of self as parent in relation to the real child.

Ludington-Hoe (1977) has also described the development of the parental identity as being an affective as well as a cognitive process. In examining the motherhood role, Ludington-Hoe concluded that the role of mother could be divided

into two components: the emotional factors (maternicity) and the physical caretaking (mothering). Various behaviours which indicate that the mother has developed the sense of maternicity include: reaching for the baby in an active and passive manner, holding the infant "en-face", identifying the child through association and use of pronouns, displaying cooing behaviours, and developing rhythm-reciprocity awareness.

In her book 'Woman to Mother: A Transformation", Bergum (1989) looks at the meaning of becoming a mother. Using a phenomenological approach, Bergum was able to explore the meaning of becoming a mother for six women. Being a mother for these women was more than a mother role, or caring for a child, or succeeding in maternal tasks. Rather, becoming a mother was the realization and acceptance of self as "I am mother". Furthermore, the pain of childbirth served to reaffirm the process of becoming a mother physically as well as emotionally.

In a longitudinal study, Smith (1990) used repertory grids to examine the identity transformation of one woman during her pregnancy to 12 months post birth. The researcher concluded that through reflection the woman developed a more integrated self-concept and closer psychological links within her immediate social network.

Corresponding to both Bergum's and Smith's emphasis, Brunnquell, Crichton, and Egeland (1981) emphasized the importance of parental awareness, insight and self-understanding in order to be effective in the parental role. These researchers concluded that underlying the mother's ability to understand and negotiate the complex relationship between herself and her child, is the mother's ability to integrate

the specific experiences of pregnancy and child-rearing into her overall experience and self-concept.

Using a quantitative, cross-sectional design, Deutch, Brooks-Gunn, Fleming, Ruble, and Stangor (1988) studied information seeking and the maternal self-definition during the transition to motherhood. Not unlike Rubin's conceptualization of the development of the maternal identity through the psychological operations of replication, fantasy and separation, these researchers found that women actively sought information in anticipation of the child's birth. However, the source of information for these women in their first trimester of pregnancy was from books which dealt with relevant topics. The women then used this information to construct identities which incorporated motherhood. That is, the women began to imagine themselves as mothers which led them to believe that they would act in those ways once the child was born. In the final stage of seeking information during the transition to motherhood, the determinants of the self-definition for these women shifted from indirect sources of information that is, books and magazines to more direct, personal experiences with child care.

Though all of the researchers have attempted to describe the development of the maternal identity proceeding from pregnancy to the postpartum period, some researchers have focused solely on the postpartum period in order to describe the attainment of the maternal identity. Mercer (1985; 1986) discussed the maternal role attainment in relation to the mother's perceived competence in the role of mother. Areas measured which were thought to define the maternal role included: feelings about the baby, finding gratification in the maternal role, feeling competent in

maternal behaviours and finally, handling irritating child behaviour. Mercer has concluded when a mother of any age, perceived herself to be competent in her role, she became comfortable with her identity as a mother.

Corresponding to Mercer's work, other researchers have found that self-confidence in the maternal role has a direct influence on the development of the maternal identity. Walker, Crain, and Thompson (1986a; 1986b), who studied the attainment of the maternal role and identity 1 to 3 days and 4 to 6 weeks postpartum, concluded that mothers became more self-confident and positive toward themselves from birth to 4 to 6 weeks later. However, the mothers tended to view their babies less positively at the end of the postpartum period than at the beginning. These researchers also concluded that forming a new relationship with their babies and gaining self-confidence in the parenting role appeared to be more interdependent for first-time mothers than for second-time mothers.

Still other researchers have attempted to define the maternal identity by studying its development in preterm births (Zabielski, 1994) and in late miscarriages, stillbirths, or perinatal losses (Lovell, 1983). In her study of development of the maternal identity in preterm and fullterm mothers, Zabielski found that preterm mothers were able to identify themselves as mothers only after they had made contact in person with the infant. Furthermore, preterm mothers perceived that they were denied clear ownership of their infant and subsequently were denied the right to decide the course of infant care. 'Doing' for the child was found to be a salient concept in their development of the maternal identity.

Lovell (1983) found that as the result of experiencing a late miscarriage,

stillbirth or perinatal loss, some women experienced the loss of the recognized role of mother. That is, society and health care professionals tended to view the maternal role and maternal identity as dependent on the notion of the 'proper' baby that is, a baby that could be fed, bathed and clothed. The women's construction of the maternal identity was interrupted as a result of the denial of other's of the baby's previous existence. Lovell concluded that the development of the maternal identity is a social construct which exists between the private view of self and the public domain.

Paternal Identity

While the development of the maternal identity has received considerable attention, fewer researchers have focused on the development of the paternal identity (Cowan, 1991b; Daniels & Weingarten, 1991; Henderson & Brouse, 1991; Lemmer, 1987). In Lemmer's review and analysis of 31 nursing studies which focused on becoming a father during pregnancy, she found that the themes of couvade, body image, somatic responses to pregnancy, anxiety, stress, support, and attachment were common to the paternal pregnancy experience. Lemmer concluded that these themes influenced the experience of becoming a father.

Rather than focusing on the paternal pregnancy experience, Henderson and Brouse (1991) focused their attention on becoming a father in the first 3 weeks postpartum. The findings of this qualitative study in which 22 fathers were interviewed, suggests that fathers progress through a three stage process during the transition to fatherhood. The first stage in the process consisted of fathers describing their expectations of themselves in the father role. The second stage of the process

was the period during which the fathers became aware of the reality of living with a newborn and of dealing with feelings of disruption, discomfort, exclusion, and the need to be more involved in the care of the child. The final stage of the process was described by the researchers, as the transition to mastery during which the fathers took control and began to work on acquiring the skills necessary for their view of fathering. These findings are similar to the studies which focus on attaining the maternal identity (Mercer, 1985; Rubin, 1984; Walker, Crain, & Thompson, 1986a; 1986b).

In a cross sectional study, Daniels and Weingarten (1991) interviewed 72 couples representing three generations, in order to explore the notion of the 'fatherhood click'. The fatherhood click was defined as active, hands-on fathering behaviours. These researchers concluded that because the timing toward active fathering was not automatically linked with the birth of the first child, there would be a wide range of individual variation in the timing of the fatherhood click. Variations in timing included: fathers who felt they had experienced emotional and behavioral changes at the moment of the child's birth (early click), fathers who felt like fathers when the child had reached middle childhood and finally, fathers who felt that they were involved fathers only when the child had reached adolescence. According to Daniels and Weingarten, recognizing when the click occurred for them was the catalyst for the men in study to be able to perceive themselves as fathers.

In a longitudinal study in which 72 expectant couples were interviewed, Cowan (1991a; 1991b) found that the men added a new piece to their identities when they became fathers. Furthermore, this new aspect of self continued to increase in

size from expectant fatherhood to two years postpartum. Adding the new aspect of self to their identity was followed by the integration of the role of father into their already established self-concept. These fathers demonstrated the integration of the new aspect of self by describing themselves as having developed a greater sense of self-awareness within their relationships with others.

From the studies reviewed, it would appear that developing a self-awareness as being a parent is important in the development of both the maternal (Bergum, 1989; Brunnquell, Crichton, & Egeland, 1981; Smith, 1990;) and paternal identity (Cowan, 1991b; Daniels & Weingatern, 1991). However, there appears to be no consensus among these researchers regarding when the critical time period occurs for the development of this self-awareness.

Transition to Parenthood

The process of becoming a parent by identifying the relationships between infant behaviour, attitudinal variables, and partner relationships and satisfaction has been studied by several researchers (Belsky, Lang, & Rovine, 1985; Broom, 1984; Mercer, Ferketich, & DeJoseph, 1993). Gender differences in the transition to parenthood have also been explored by Short Tomlinson (1987).

The longitudinal study on becoming a family conducted by Cowan, Cowan, Heming, and Miller (1991) was structured in such a way that each expectant couple was interviewed and administered a questionnaire in late pregnancy, 6 months after birth, 18 months after birth, when the children were 3 1/2 years and finally when they were 5 1/2 to 6 years of age. A comparison group of non-expectant couples were followed over a 2 year period equivalent to the initial assessments of the new

parents. Findings from this study revealed that it is possible from the descriptions of their relationships before the child's birth, to identify partners and couples who would be at risk for marital distress two years later. Those parents in most distress as individuals and couples showed more tension, and less warmth and structure as they interacted with their preschool children. Furthermore, 15 percent of those couples who were most distressed were divorced or separated by the time the child had reached 3 1/2 years. Of those couples whose marriages remained intact, it was determined that there was a deterioration in both the quantity of partners' time together and quality of their relationships.

Some sociologists have examined the degree of disruption that first time parents experienced during the transition to parenthood. LeMasters (1967) found that 83 percent of the couples he interviewed described the transition to parenthood as an 'extensive' or 'severe' crisis. However, Hobbs and Cole (1976) found that the first time parents who participated in their study, viewed the transition to parenthood as being accompanied by some difficulty but did not perceive it as a crisis of severe proportions. Smith Russell (1974) also found that the transition to parenthood was only moderately stressful and was accompanied by rewards for 58 percent of the mothers and 53 percent of the fathers surveyed.

In an attempt to identify the reason why some parents experience greater levels of distress during the transition to parenthood than other parents, Simon (1992) examined the concept of parental role strain. He concluded that parents who were highly committed to the parental identity were more vulnerable to parental role strains and therefore, psychological functioning impairment.

LaRossa (1983) however, argues that examining the concept of parental role strain is inadequate to explain exactly what happens within a family during the transition to parenthood. According to LaRossa, the concepts of physical time and social time, and the effects each has on the transition to parenthood is more predictive of the degree of success achieved by the couple in managing the trajectory during the process of becoming parents.

Rossi (1968) and Belsky (1984) have proposed that the transition to parenthood is a process. For Rossi the transition to parenthood is viewed as a developmental process which can account for both successful and unsuccessful role transitions. The stages of this developmental process include: the anticipatory stage which is characterized by the pregnancy state, the honeymoon stage where attachment between parent and child occurs, the plateau stage where active childrearing is undertaken and finally, the disengagement-termination stage where the parenting process is terminated through the relinquishing of authority and obligations.

According to Belsky (1984) the transition to parenthood and subsequently competent parental functioning, is affected by three domains: personal psychological resources of parents, characteristics of the child, and the contextual sources of stress and support. These three domains interact to give shape to parenting. Because the parental role is a 'buffered' system, the negative impact of a weakness or limitation in any one of the three domains can be offset by the strengths in one or both of the others.

Parental Identity After Infertility

The literature presented to date pertaining to the transition to parenthood has

focused on the transition to parenthood for fertile individuals and couples. Today, because of advances made in reproductive technologies, it is possible for the transition to parenthood to occur in situations where the individual and couple were previously infertile. Furthermore, the transition to parenthood can also occur in adoptive situations. There are fewer studies that address parenting in these two circumstances. The literature which addresses the issue of developing the maternal and parental identities following infertility will be reviewed next.

Maternal Identity After Infertility

Though it is recognized that Sandelowski and associates are at the forefront of infertility research, to date their studies have primarily focused on women's experiences of infertility (Sandelowski, 1987; Sandelowski & Pollock, 1986), and the pregnancy experience for couples (Sandelowski, Harris, & Black, 1992; Sandelowski, Harris, & Holditch-Davis, 1989). Only two studies were found which addressed the development of the maternal identity following infertility.

In a quantitative study where the relationship between previous infertility and early maternal experiences were evaluated, Dunnigton and Glazer (1991) found differences in the pattern of maternal identity development between six previously infertile and five never infertile mothers during the prenatal period. According to these researchers, previously infertile mothers tended to use denial to emotionally protect themselves against the potential loss of the infant during pregnancy. The use of denial during pregnancy was believed to have decreased the mother's identification with her child after birth, thereby altering the pattern of internalizing the maternal identity. The mothers in this study demonstrated a lack of full internalization of the

maternal identity through their lack of self-confidence in the role of mother at 4 to 6 weeks postpartum.

In another quantitative study, the Hopkins symptom check list which measured levels of depression, hostility and interpersonal sensitivity, was administered to 32 previously infertile couples and 20 never infertile couples (Bernstein, Mattox, & Kellner, 1988). From the findings, Bernstein and colleagues concluded that such factors as the cognitive dissonance between the ideal and real self and between the fantasy and real child, as well as the lack of role models increased anxiety during pregnancy and decreased self-esteem. The decrease in self-esteem served to hamper the transition to parenthood for the previously infertile couples. Furthermore, though Bernstein (1990) concedes that most previously infertile couples do not have any significant psychiatric pathologies, they may approach pregnancy, attachment, and the attainment of the parental identity differently than never infertile couples.

The difficulty with these conclusions is that they may not accurately reflect the experience of couples in developing the parental identity since in many cases only one partner participated in the study. Consequently there were unequal numbers of mothers and fathers participating in the study which may have resulted in a biased response. It is also unclear when the data were collected making it difficult to determine whether the couples were developing the parental identity, or if they had already achieved the ability to perceive themselves as parents. Furthermore, the Hopkins symptom check list does not tap into components which may make up the parental self-perception, for example, mastering skills in child care, decision making and self-awareness.

Parental Identity Through Adoption

The transition to parenthood by becoming parents through adoption has received considerably less attention from researchers. Only one study was found which addresses the development of the parental identity through adoption. In a qualitative study conducted by Daly (1988; 1992), 74 couples who were randomly selected from a fertility clinic and from adoptions lists of two adoption agencies were interviewed. A description of a three stage process which these couples utilized in thinking about and identifying themselves as adoptive parents rather than biological parents was developed. According to Daly, in order to perceive themselves as adoptive parents, couples who choose to pursue adoption progress from the first stage of viewing biological parenthood as problematic, to relinquishing biological parenthood and finally, identifying with adoptive parenthood. In this stage, the couples fantasize about themselves in the role of adoptive parents, physically prepare themselves to receive the baby, and initiate the formal steps required in becoming adoptive parents.

Statement of the Problem

As noted by Sandelowski, Harris, and Holditch-Davis (1989), the impact of alternative routes to parenthood on the development of the parental identity has yet to be explored. Only three studies were found which focus on the development of the parental identity following infertility. Two of these studies (Bernstein, Mattox, & Kellner, 1988; Dunnington & Glazer, 1990) focused on the maternal identity and the third study (Daly, 1988) addressed becoming parents through adoption. Therefore, further research is required to effectively understand the process of identity

transformation for couples who experience parenthood through the help of medical interventions.

Given that families share a history, biology and a future (Copeland & White, 1991), the interaction between couples in the development of the "shared reality" (Daly, 1991) of parenthood, should be a focus of research. However, most studies have focused on the individual rather than on the shared experience of couples and families. This is seen in the research conducted to date. The difficulty is that though the issue of parental identity is believed to be addressed, the development of the maternal or paternal identity in mostly fertile individuals and couples is presented.

In summary, exploratory, descriptive studies of the development of the parental identity after successful treatment for infertility are needed. Both mothers and fathers should be included in such studies. Only then can nursing interventions be developed which would facilitate the transition to parenthood for these couples (Bernstein et al., 1988).

Conclusion

The research studies conducted to date and presented in this chapter focuses primarily on the development of the maternal and paternal identity for fertile couples. Relatively little literature exists which addresses the issue of developing the parental identity following infertility. Therefore, in order to fully understand the process of becoming parents and perceiving oneself as a parent after infertility, this qualitative study was undertaken to describe the process previously infertile couples undertake as they become parents.

CHAPTER III

METHOD

Selecting a research method when undertaking a research project is guided by the research question and the expected outcomes of the research. The nature of the phenomena must also be considered when making this decision (Field & Morse, 1985). The purpose of this research project was to describe the development of the parental identity by previously infertile couples. It is evident from the literature review in the previous chapter that the couple experience of becoming parents following infertility does not appear to have been explored. Therefore, a qualitative descriptive approach using a grounded theory approach was chosen for this study.

In this chapter, the methodology will be discussed. The qualitative approach selected will be addressed, as will the research design, issues of reliability and validity, and ethical considerations.

Qualitative Method: Grounded Theory

In this study, the researcher described how previously infertile couples develop their parental identity. The components of this phenomenon were identified, examined and described. A qualitative approach was appropriate because it provided information in an area of inquiry where little knowledge existed (Strauss & Corbin, 1990). In addition, this approach allowed the researcher to focus on the experiences of the participants and the meanings attached to these experiences (Field & Morse, 1985; Stern, 1980).

The qualitative approach, grounded theory, is guided by the symbolic

interactionism theory of human behaviour (Stern, Allen, & Moxley, 1982). Behaviour evolves situationally in response to interactions between self and others and is influenced by the individual's perspective (Blumer, 1969). Grounded theorists attempt to capture the action/interaction strategies and evolving processes dominating the data in response to a particular phenomena (Strauss & Corbin, 1990). Adherence to the techniques and procedures outlined by the approach allows the beginning of a theory that is grounded in data (Strauss & Corbin, 1990).

Research Design

The research design of this study will be addressed through discussions of the sample, methods of data collection, and techniques of data analysis.

The Sample

Purposive Sampling

The sampling procedure of this study is purposeful rather than theoretical (Field & Morse, 1985). That is, the selection of participants is based on their possession of certain characteristics or knowledge which will assist the researcher to better understand the phenomena under study. The qualities of a "good" informant include: the possession of knowledge about the topic under study, the ability to reflect upon an experience and provide information about the phenomenon, and the willingness to share the experience with the researcher (Morse, 1991). In order to locate informants who possessed these qualities, volunteer couples were sought from two sources; advertisement in a local community newspaper and recruitment from an infertility clinic. These couples were assumed to reflect a range of experience related to infertility and parenting. Couples rather than individuals were recruited because

"...the interaction of spouses in the interview setting can....provide insight..." into the phenomenon under study (Allan, 1980, p. 205). Furthermore, by interviewing couples together, a more complete story is obtained furthering the researcher's understanding of the experience of parenting after infertility.

Selection criteria for the informants' inclusion in this study were:

1. Heterosexual couples who identified themselves as previously involuntarily infertile, and who had experienced the episode of infertility together.
2. Couples who had no adoptive or other biological offspring living with them previous to the infertile episode.
3. Couples who had delivered a healthy singleton full-term baby.
4. Couples whose eldest child was between one and five years of age.
5. Couples who were able to speak and read English.
6. Couples who lived in the metropolitan area where the study was being conducted.
7. Couples who were willing to talk about their experience of becoming parents.

The rationale for excluding couples who had experienced the birth of a premature baby, or a baby with an anomaly, or a multiple birth was to ensure that the experience of becoming a parent was captured rather than the experience of coping with a premature or sick baby. The time criterion chosen was based on Mercer's (1985) work where she states it takes three to ten months to successfully take on a parental role identity. The parameters of one year to five years post-delivery established for this study would have allowed the couples to be able to recognize

themselves as parents. As well, this time frame would ensure that the couples would be able to accurately recall their experiences in the development of their parental identity.

Recruitment of the Sample

Informants for this study were recruited using the following methods. First, an advertisement was placed in a city community newspaper (Appendix A). This advertisement was published for eight consecutive weeks during a two month period. Four primary informant couples who met the inclusion criteria were found through this approach.

The second recruiting method used was the recruitment of informants from an infertility clinic affiliated with a large city hospital. After reviewing an information sheet (Appendix B) and the inclusion criteria, the nurses working in the clinic then contacted potential participants by telephone. The couples were told the purpose of the study and if they were interested they were instructed to telephone a research line to leave a message on an answering machine. The researcher then contacted the interested couples by telephone. All questions regarding the study were answered and an interview time was negotiated. Two primary informant couples were found using this method.

Following data analysis, the researcher was referred to a secondary informant couple. This couple served to clarify and verify the data analysis and the description of the development of the parental identity following infertility. The same criteria were used in recruitment.

The negative case or the couple whose experience was atypical was also

recruited by placing an advertisement in a local community newspaper (Appendix A). This couple's experience of parenting was atypical in that although they experienced infertility, they had experienced parenting through adoption prior to becoming biological parents. It was anticipated that there would be some commonality in their experience with other couples who become parents after infertility as well as some differences as they had first become parents through adoption. The inclusion of this particular couple in the study, provided a richer and clearer description of the development of the parental identity after infertility.

Sample Size

In qualitative research, it is common to use small sample sizes to keep the data manageable (Field & Morse, 1985; Sandelowski, 1986). A total of eight couples participated in this study. The sample size for this research study was not pre-determined since "data are collected until no new information is obtained" (Field & Morse, 1985, p. 94) and the categories that pertain to concepts are saturated (Corbin, 1986). Therefore, data saturation results in a conceptually dense description (Field & Morse, 1985; Glaser & Strauss, 1967; Hutchison, 1986; Strauss & Corbin, 1990). This research method then relies on the quality of the data obtained rather than the number of informants providing the data.

Characteristics of the Sample

Biographical information was collected from each couple using a Biographical Information sheet (Appendix C) in order to describe the research sample for the reader. However, this information was not deemed relevant to the developing categories unless it emerged from the data as being relevant (Glaser, 1978).

The primary female informants ranged from 28 to 39 years of age with a mean age of 34 years. The male informants ranged from 33 to 39 years of age with a mean age of 36 years. All the couples were married. The number of years in the present relationship ranged from 6.6 to 13.6 years with a mean of 10.13 years.

Of the six couples, there was only one dual income family during the time of the interviews. The remaining five couples were single income families where the male was employed full time and the female did not work outside the home. The men represented a range of occupations: two were professionals, two were in sales, and two were employed in various trades. All informants had completed high school. One woman had no secondary education/training, two women had completed a technical course or some university courses. The three remaining women had earned university degrees. One man had completed high school, two men had some post secondary education and three men had earned university degrees.

The couples experienced infertility for periods of time ranging from 14 months to 8 years with a mean of 3.8 years. All of the couples experienced primary infertility. That is, they experienced the inability to conceive a child in the absence of ever having been pregnant. For the six primary informant couples, pregnancy was achieved by a variety of means: artificial insemination by donor (1), artificial insemination by husband (1), reconstruction of the fallopian tubes (1), Clomide to induce/enhance ovulation and surgery (1), and Clomide alone (2).

Two couples had experienced one pregnancy and subsequent delivery of a child. Three couples had experienced two pregnancies and births. One couple experienced five pregnancies resulting in one miscarriage, one ectopic pregnancy and

three full-term deliveries. The age range of the eldest child was 1 to 5 years with a mean age of 3.5 years.

The secondary informant couple were 40 and 43 years of age. They had been married for 19 years. This was a dual income family with the husband being employed in sales and the wife being a professional. Both had completed high school with the wife having completed a university degree. The couple had experienced primary infertility for 4 years. Pregnancy was achieved through the administration of the medication Danazol. Three pregnancies were achieved resulting in two live births and one miscarriage.

Data Collection

Interview Process

Six interviews were conducted with the primary informants over a five month time period. The age of the eldest child in each family at the time of the interview is presented in Table 1.

Table 1

	Age of Child				
Couple	1 yr	2 yrs	3 yrs	4 yrs	5 yrs
1	X				
2					X
3				X	
4				X	
5					X
6	X				

Each of the couples were interviewed without the presence of any other adult

at the request of the researcher in order to control for interruptions and to obtain data from the emic perspective without the influence of extended family and friends. Using this approach facilitated the development of a trusting relationship and the disclosure of intimate information (Field & Morse, 1985). Interviews were scheduled at a time convenient for the couple and researcher. All interviews were conducted during the evening. One interview was conducted while the couple's child was present in the room. However, the child was put to bed without difficulty in another room mid-way through the interview. In two interviews, the couples' children were playing quietly in the next room. During three of the interviews, the couples' children were sleeping in another room.

Prior to beginning the interview, the researcher reviewed the purpose of the study with each couple. After the couple's questions had been addressed, the researcher obtained each participant's written consent regarding their involvement in the study (Appendix D). During this time of acquaintance, the researcher shared with each couple some information about herself such as her interest in reproductive health and parenting. Many of the couples asked if the researcher had experienced infertility. Aware of the sensitivity surrounding such a question, the researcher responded honestly by stating she had not experienced infertility herself but knew many people (family members and friends) who had experienced infertility. The researcher suspects that by asking this question, the participants were seeking to establish if the researcher had experienced similar reproductive desires and experiences. The nature of the response by the researcher helped to develop rapport between the couple and the researcher and subsequently helped to develop a trusting

relationship. This is necessary to foster the potential for increased disclosure of the participants' thoughts and feelings regarding parenting after infertility.

After the initial period of acquaintance, the researcher invited the participants to begin telling their stories about being a parent following infertility using the broad, open-ended question "Tell me about parenting, what is it like?". All of the interviews were tape recorded and transcribed verbatim by a typist.

Initially, the interviews were unstructured with the interview content being directed by the participants' stories. Guiding questions were used only to focus the interviews when necessary (Appendix E). The researcher at this time consciously made an effort not to interrupt the participants while they were expressing their thoughts and feelings unless it was necessary to clarify what was being discussed. Frequently the partner listening to the speaker would interrupt to validate, clarify or add to the comments being made by the speaker. On occasion, the partners would disagree on a point thereby presenting the researcher with two different accounts of the experience. Rarely did the researcher have to directly ask a participant for their thoughts and feelings in response to what was being expressed by their partner. Rather, all of the individuals were anxious to participate in the discussion, and were able to articulate their thoughts and feelings clearly.

As the interviews progressed and initial data analysis began, additional guiding questions were developed and used with subsequent informants. The purpose of asking more specific questions was to clarify and verify data collected as well as, expand on the concepts and categories identified in the previous interviews. These additional questions were used only after the participants had spontaneously related

their thoughts and feelings regarding the experience of becoming parents after infertility. The researcher also used a variety of probes to facilitate the participants in telling of their experiences. Probes used included silence, neutrality (hmmumm), and clarification (Can you tell me what you mean by that?).

Once the interview was completed, the researcher collected demographic information using the Biographic Information sheet (Appendix C). Those participants indicating that they wanted to obtain a summary of the results of the study were invited to complete the appropriate section of the consent form (Appendix D).

Each interview tentatively closed at the end of the evening with the researcher indicating that the couple may be contacted at some later date in order to clarify, verify or add to the data obtained. All of the couples were receptive to the possibility of being contacted at some later time.

Fieldnotes were recorded the same day as the interview. These described the context in which the interviews had been conducted, the observed non-verbal communication, and the interaction between the couple. The researcher's thoughts and impressions of the interview were also recorded at this time.

Interview Setting

Each couple chose the setting for the initial interview. By allowing the couple to choose the setting, their level of comfort and relaxation may have been increased thereby facilitating discussion. All the interviews took place in the couples' home. Three interviews took place in the living room and three interviews were conducted in the kitchen/dining room. During all of the interviews, refreshments and deserts were offered and served to the researcher. The overall setting lent itself to the

development of an informal atmosphere.

Data Analysis

The grounded theory approach to qualitative research generates theory from data using a systematic set of procedures during the research process itself (Glaser & Strauss, 1967). The constant comparative method of analysis described by Glaser (1978) and Strauss & Corbin (1990) was used to generate a description, grounded in data, of becoming parents following infertility.

The data analysis began with the first interview and continued throughout the duration of the study (Corbin, 1986; Glaser & Strauss, 1967; Swanson, 1986). Six interviews with the primary informants were conducted by the researcher. Following each interview, the researcher reviewed the interviews noting the emerging themes from the data prior to interviewing the next couple. This approach guided the researcher in developing and conducting semi-structured interviews with the next couple which was based on the data previously collected. All interviews were transcribed verbatim by a typist. All interviews were then reviewed for accuracy by the researcher.

Each interview was first read with the idea of identifying the main themes of the interview. The researcher then re-read each transcript in detail, on a line by line basis. The question "What is happening here?" helped the researcher to identify the incidents contained in the data. Once identified, each incident was given a code label which reflected the substance of that particular incident. As the researcher continued interviewing couples, incidents were compared within each interview and across interviews. That is, common themes and codes were compared with previous

transcriptions. Open coding resulted in many codes being generated.

The computer program, Ethnograph was used to organize and sort the coded interviews. Once all the interviews were coded, the researcher entered the codes into the Ethnograph program and subsequently searched for the same codes across all interviews. Constant comparison of the data allowed for similarities and differences to be noted between the codes. Codes observed as having similarities were clustered together under a higher ordered concept called a category. The large number of codes were subsequently reduced to a smaller number of categories.

As categories emerged through the constant comparison of codes, the researcher attempted to explore and establish linkages among the categories through "axial coding". By asking questions of the data (why, what, when, who, where) and re-reading the interviews several times, the researcher was able to identify the antecedents, context, intervening variables, and consequences of the categories.

Through the process of selective coding, the core category of **adjusting** was identified (Strauss & Corbin, 1990). The core category and its relationships to the other categories were represented by means of a conceptual framework. A story line describing the core category and its processes was developed. The story line was reviewed, clarified and, validated by two couples from the primary sample group, one secondary informant couple and, the medical and nursing staffs of the infertility clinic. In order to give the emerging description conceptual density and fill in any gaps, data from the negative case interview were analyzed. The findings of this analysis were then incorporated into the emerging description.

Although the data analysis procedure was explained in a linear fashion, it is

important to note that the coding processes were carried out in a constant comparative manner as the researcher continued to interview couples and move between the inductive and deductive modes of analysis. Throughout all of the stages of the data analysis, memos capturing the researcher's conceptual thinking were kept. Memoing in this manner facilitated the identification of the relationships observed between the categories and their properties.

Issues of Reliability and Validity

Since the aim of qualitative research differs from that of quantitative research, the research standards by which qualitative studies are judged are different from those used to evaluate quantitative studies (Strauss & Corbin, 1990). The criteria for assessment of methodological rigor adapted by Sandelowski (1986) includes: credibility, fittingness, auditability, and confirmability. These criteria rather than reliability and validity were used to assess the rigor of this qualitative study.

Credibility

Credibility refers to the truth value by which a qualitative research study is evaluated (Guba & Lincoln, 1981). Therefore, credibility is established when people who have had the experience are able to recognize from the descriptions or interpretations of the data by the researcher, the experience as their own (Sandelowski, 1986).

To enhance the credibility of this study, the researcher interviewed the couple together (both partners were present during the interview). In interviewing the couple together, two accounts of the same topic were obtained. Therefore, a more detailed account of the experience emerged since individual perceptions were balanced by the

other partner's own perceptions. Furthermore, the partners corroborated the statements of each other either directly by stating "You're right" or, indirectly by nodding their head in agreement. Finally, the couple presented a more expanded version of the experience as they listened to their partner and then added more information in order to present a fuller description of the event. It was also noted that the partners would jog each other's memory during the interviews by using statements like "You remember when...". All of these interactions between the couples served to add breadth and depth to the data.

Secondly, the researcher allowed the interview to continue as long as the couple wished. Five interviews lasted for approximately three hours. The researcher believes that the her willingness to listen to the couples' experiences enhanced the development of a trusting relationship which promoted openness during the interview process. According to Field & Morse (1985), a greater level of intimacy between the researcher and the participant(s) contributes to the accuracy of the researcher's ability in interpreting the situation.

Third, the researcher shared with all of the couples her interest in reproductive health and parenting. This factor increased the researcher's sensitivity to and understanding of the behaviours of these couples. This allowed the researcher to be more accurate in her interpretation of the data. A personal diary was also kept by the researcher during the study in which her thoughts and impressions were noted. This strategy was intended to prevent the researcher from developing biases during the course of the study.

Finally, the use of a secondary informant couple helped to validate the

interpretations and conclusions drawn by the researcher. Verifying the description with two of the primary informant couples also served to enhance credibility. When a brief summary and figure of the experience were presented to the couples, both couples recognized their own experience of becoming parents following infertility.

Fittingness

Fittingness, another criterion used to evaluate the applicability of the study is generally easier to achieve in qualitative studies since this type of method emphasizes the study of phenomena in their natural settings (Sandelowski, 1986). It is the interaction between the researcher and particular informants in a particular setting which results in the data reflecting the experiences of the informants included in the study. However, the sample of informants must be evaluated in order to achieve applicability of the findings into contexts outside the study itself (Sandelowski, 1986).

The selection of a sample has a profound effect on the quality of the research therefore, the appropriateness and adequacy of the sample is critical (Morse, 1991). Appropriateness is defined as the selection of informants best suited to meet the informational needs of the study (Morse, 1991). Purposeful sampling was used as the method of sampling which would best provide information about becoming parents after infertility. The sample selection in this study was guided by choosing informants with knowledge about becoming parents after infertility. Primary informant characteristics included living in a heterosexual relationship which experienced infertility followed by the birth of a biological child. The period of infertility experienced by the couples was on average 3.8 years. All of the couples in this sample had achieved pregnancy and subsequently parenthood with medical

assistance. Couples who were parents by adoption only or by natural means were not included in this sample. All of the couples were interviewed together and were able to express their thoughts and feelings. The selection of a secondary informant couple and a negative case was based on the inclusion criteria stated earlier. These couples were also willing to participate in the study, able to express their thoughts and feelings and identified themselves as previously infertile. Their eldest child was also between one and five years of age.

Adequacy refers to "...the sufficiency and quality of the data" (Morse, 1991, p. 134). The relevance, completeness, and amount of information obtained was assessed following each interview by using fieldnotes and theoretical memos following the review of the transcripts. In order to ensure that the data was complete and correctly coded, coding was done initially with the assistance of the thesis supervisor who had also read all of the transcriptions. The thesis supervisor also assisted the researcher to evaluate the relevance, completeness, and amount of information obtained by validating the categories emerging from the data. Sampling was discontinued when interviews with the couples did not yield any new information. A secondary informant couple and two primary informant couples were chosen and asked to review the description and conclusions drawn by the researcher to further ensure adequacy. All of these informants recognized their own experience of becoming parents after infertility in the findings of this study.

A final method of ensuring fittingness is to have an independent analysis to validate the findings of the researcher (Sandelowski, 1986). The medical and nursing staffs of the infertility clinic affiliated with a large teaching hospital were asked to

provide feedback on the conclusions drawn by the researcher. This further helped to ensure the relevancy, completeness and amount of information obtained from the informants meeting the informational needs of the study.

Auditability

Auditability is defined as the ability of another researcher to follow the "decision trail" used by the investigator of the study (Sandelowski, 1986, p. 33). Auditability was achieved through the audio-taping and verbatim transcription of the interviews. Furthermore, the fieldnotes and theoretical memos written during the analysis were comprehensive in nature.

Confirmability

"Confirmability is achieved when auditability, truth value, and applicability are established" (Sandelowski, 1986, p. 33). Confirmability therefore, will be established when meaningfulness of the findings of the study are reported to be of value to others.

Ethical Considerations

Several strategies were used to ensure that this study was conducted in an ethical manner. First, the researcher obtained ethical approval for this study by the Joint Ethics Review Board for the Faculty of Nursing at the University of Alberta. Ethical approval was also obtained from the University of Alberta Hospitals Joint Ethics Review Committee.

Secondly, all the couples who responded to the advertisement placed in the community city newspaper or to the invitation for participation in the study extended by the nurses at the infertility clinic, were told of the purpose, objectives and time

commitment involved in the study. At each initial interview each individual's written consent was obtained (Appendix D). All informants were told that their medical care at the infertility clinic either presently or in the future would not depend on their participation in the study. They were also instructed that they were free to withdraw from the study at any time without consequence. No couples withdrew from the study.

Third, the identity of each informant was known only to the researcher. A number assigned to each individual was used on the audiotapes and fieldnotes. A pseudonym was assigned to each individual as well. These were used to identify the individuals in the transcriptions and in writing of the final report. As well, any identifying information within the transcripts were altered or deleted in order to ensure confidentiality. Consent forms identifying the informants will be kept for 5 years in a locked cabinet and then will be destroyed. All informants were told that transcripts and fieldnotes may be used in future studies once the researcher obtains ethical approval.

Because the other family member was present and participating in the interview, anonymity and confidentiality is more limited than when interviewing on an individual basis. However, since the researcher informed the couples before they agreed to participate in the study that the interview would be conducted with both partners present, it was assumed that the couples were comfortable in discussing their thoughts and feelings while their partner was present. Furthermore, the questions asked by the researcher during the interview demonstrated sensitivity to the effect that the study may have on the family. All couples were told they could choose to not

answer questions which they were uncomfortable in answering. Only on one occasion did this occur. The informant stated he was not able to expand on his thoughts and feelings regarding a particular reproductive technology. This was respected by the researcher and a new topic was introduced for discussion.

All of the couples involved in this study were aware there were no direct benefits for participating in the study. Several of the informants however, did say that they enjoyed participating in this study. For example they said "It felt like we were on a date!" (Laurie), and "I really enjoyed talking to you...I've learned a little more about how we parent" (Thomas).

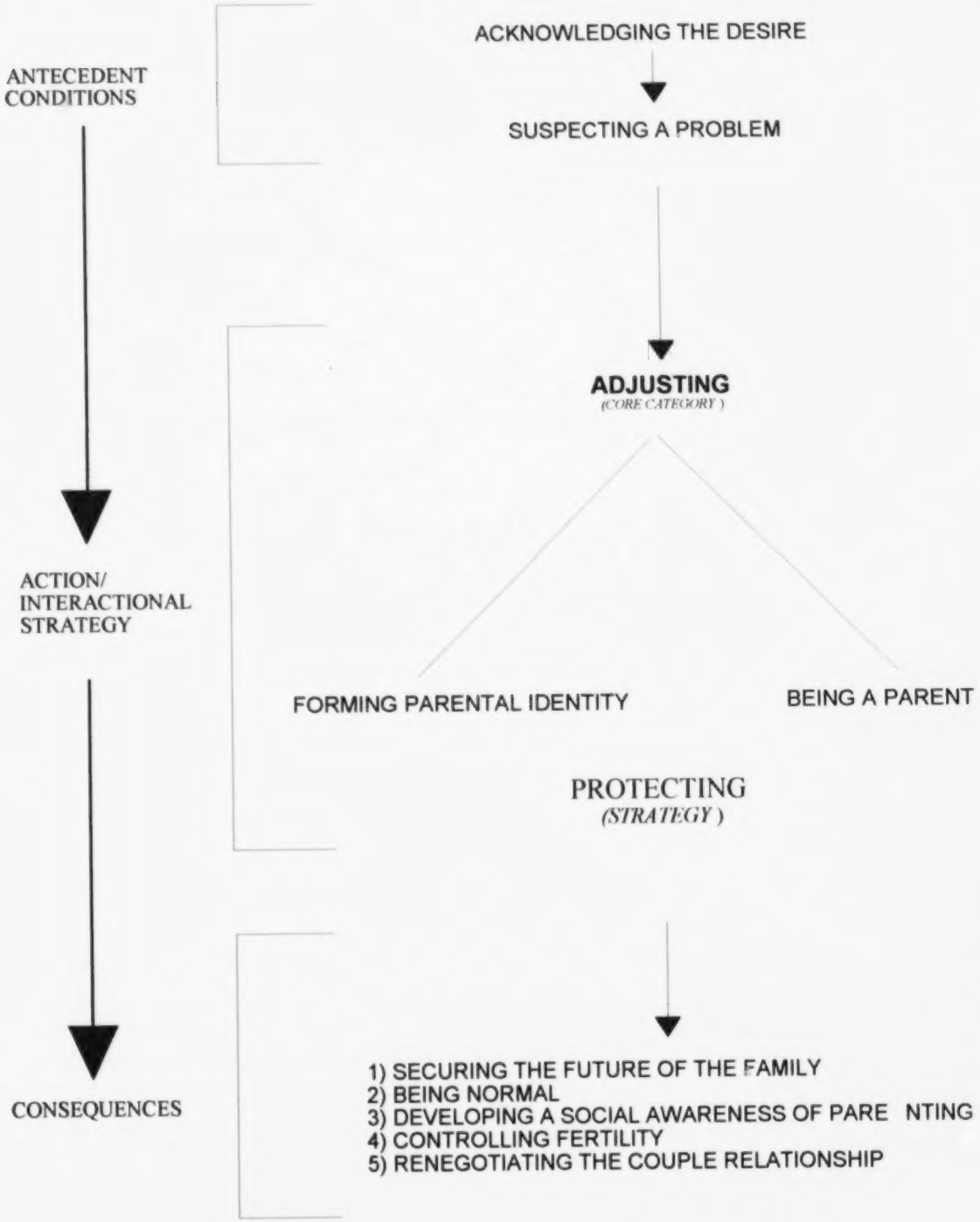
CHAPTER IV

FINDINGS

Once data analysis began, it became apparent that becoming a parent after infertility took place in a sequential and temporal order. It was also noted that common themes emerged as the couples shared their experiences. Since the generation of grounded theory occurs around a core category describing a pattern of behaviour which is relevant for those involved (Glaser, 1978), **adjusting** was identified as the core category emerging from this particular study. Adjusting is defined as making the transition to parenthood with difficulty due to the demands placed on the couple to make changes in the type and amount of control used to attain the status of family and parenthood.

In this chapter, the transitional process of adjusting will be presented through verbatim excerpts taken from the interview transcripts and in the figure provided (see Figure 1). Although the findings are presented in a linear fashion where we see the findings "...artificially, so to speak, as a slice of time, rather than over time..." (Strauss & Corbin, 1990, p. 160), grounded theory is a "...transactional system....that allows one to examine the interactive nature of events" (p. 159). The antecedent conditions of acknowledging the desire to have a child and suspecting the existence of a reproductive problem were identified and will be presented. This discussion will be followed by the presentation of the action/interaction strategy, protecting, used to manage the couples' response to becoming parents after infertility.

Figure 1: Becoming A Parent After Infertility



The consequences of the action/interaction strategy of protecting, will then be discussed. Finally, a summary of the couples' experiences of becoming parents after infertility will be presented.

All six couples in this study had some unique experiences in becoming parents after infertility. However, the findings presented in this chapter reflect the common experiences for these couples in becoming parents after infertility.

Adjusting: A Transition

All of the couples who participated in this study described parenting as requiring considerable and continual adjustment. Some of the areas in their lives identified as requiring adjustment include: setting priorities in regard to child care, disciplining the child, developing a new support system, developing new methods of communication between themselves, and deciding on necessary financial expenditures. Adjusting also occurred when the couple tried to modify the degree of control they had developed over their lives during infertility treatment in order to parent and accept less perceived control. In order to adjust, or reconcile a balance between feeling helpless or feeling in control, the couple used the strategy of protecting.

The strategy of protecting was necessary in adjusting to becoming a parent because it was through this strategy that the couple began to perceive themselves as parents. However, in order to reach the stage of perceiving themselves as parents, the couple had to progress through two stages of adjusting. The two stages of adjusting are forming a parental identity and being a parent. The first stage occurred during infertility and the second stage was initiated with conception. In each of these stages, the strategy of protecting varied according the couple's perception of what

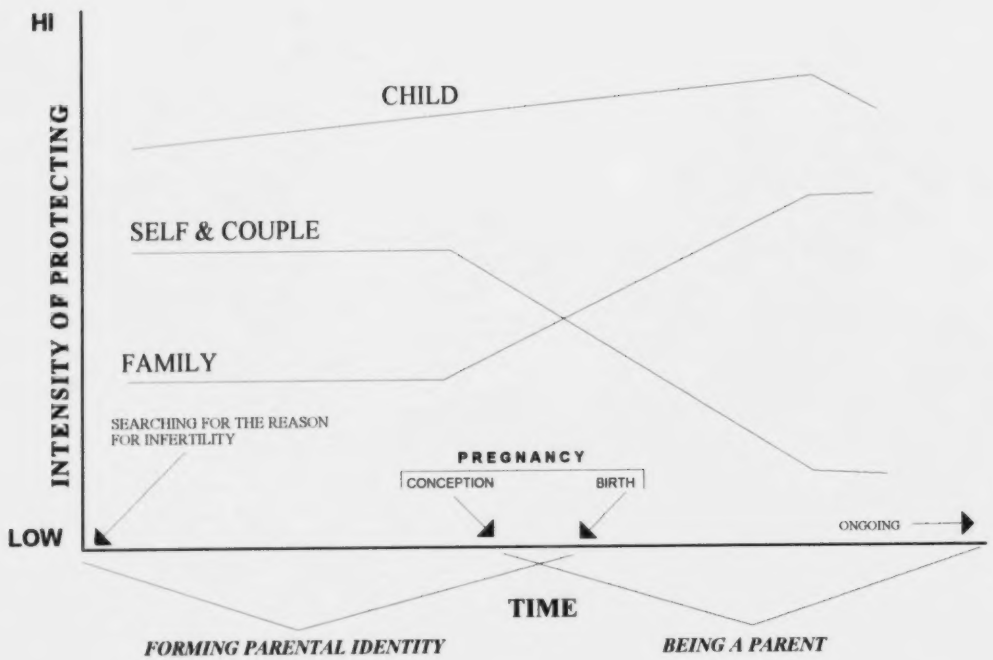
should be protected i.e. self, couple, family and child.

The strategy of protecting varied over time and in intensity (see Figure 2). The intensity of protecting the future child during the stage of forming the parental identity continually increased until the child had reached an age where the parents were able to recognize the need to relinguish the role of protector in order to allow the child the opportunity to explore his/her own world. The child's age was apporximately four years of age when the parents decreased the intensity of their protecting strategy. Protecting the self and couple appeared to be more important for the couples during the period of forming the parental identity. The need to protect self and couple significantly decreased in intensity once conception occured since it was perceived that the goal of parenthood was imminent. The dramatic decrease in protecting the self and couple subsided as the child became older which allowed the couple to re-negotiate the couple alliance. Though protecting the family was important during the stage of forming the parental identity, a significant increase in the intensity of protecting the nuclear family's boundaries was experienced once conception occured. This dramatic increase in intensity subsided as the child became older and the parents were able to recognize themselves as parents.

The Context of Becoming Parents After Infertility

The context represents a specific set of properties or "...conditions to manage, handle, carry out, and respond to a specific phenomenon" (Strauss & Corbin, 1990, p. 101). The context or set of conditions which influenced the action/interactional strategies used by the parents in this study were time and infertility. As time moved forward, perceptions changed in regards to parental identity as a result of their

Figure 2: Intensity of Protecting Child, Self, Couple and Family over Time



experience in becoming pregnant, giving birth, raising the child and finally, because of the feedback received from their social support system which included family and friends. It was through time that the adjustment to being a parent after infertility occurred which subsequently resulted in the beginning crystallization of the self view as parent.

Intervening Condition of Becoming Parents After Infertility

Intervening conditions are "...those conditions which serve to facilitate or constrain the action/interactional strategies taken within a specific context" (Strauss & Corbin, 1990, p. 103). For this particular study, an intervening condition which helped to facilitate the action/interactional strategy of protecting, was the accessibility of an infertility clinic where medical treatment could be undertaken.

All of the couples participating in this study undertook medical treatment in order to attain the goal of parenthood. Since all of the couples lived within a geographical area which made accessing the clinic relatively easy for them, they were able to undertake an aggressive treatment schedule which would otherwise be more difficult to manage. As a result, parenthood was achieved through medical interventions for all the couples participating in this study.

Antecedent Conditions

Antecedent conditions refers "....to the events or incidents that lead to the occurrence or development of a phenomenon" (Strauss & Corbin, 1990, p. 100). In these findings, acknowledging the desire to have children and suspecting that there is a problem with achieving pregnancy were the antecedent conditions which led to the

core category of adjusting. Each of these antecedent conditions will be discussed in sequence.

Acknowledging the Desire

In acknowledging the desire to have children, the initial step towards becoming a parent was taken by the couple. That is, by stating they wished to become parents, the foundation for beginning to perceive themselves as a parent was formed. In this study, all of the couples stated that they wished to have children. This desire was expressed by the couple as a desire which developed in childhood or during their courtship:

> I always said that I wanted to have two children Mary and John, and I was very interested in being a mom. (Laurie)

> In terms of when we were getting together, children were always in our plans. (Martin)

Suspecting a Problem

Once birth control was discontinued, the suspicion that a fertility problem existed developed for the couple after they had tried to achieve a pregnancy without success for approximately 18 months. The period of infertility varied among the couples participating in this study between 14 months and 8 years. However, all of the couples compared their fertility with that of other couples, and after 18 months of not achieving pregnancy decided that there was sufficient evidence that they had a fertility problem. Subsequently, they sought medical diagnosis and treatment.

Assuming Fertility. In this study, all of the couples initially assumed that conceiving and bearing a child would not present itself as a problem. For this reason, once the decision to have children was made by the couple, the use of birth control as

a method of family planning was discontinued:

> We had only been married two years or so at the time when I finally convinced him, let's have a child...let's have a child okay?
> Okay?...cause I wanted to have one now. Of course you know...we were using birth control for two years...we thought we were fortunate enough not to have a baby or get pregnant for all these years...(Laurie)

Comparing Fertility. However, as time passed and their inability to conceive continued, the couple began to compare their fertility with that of their friends and family. That is, the couple compared their experience to the rate of reproduction of other couples. It was in discussing with their friends and observing the length of time at which conception occurred after birth control was discontinued, that the couple began to suspect they had a reproductive problem. This comparison served as a reference point for the couple so that they could identify when reproduction was apparently nonproblematic:

> Like my brother and his wife (laugh)...my brother sneezes and his wife is pregnant (laugh). (Thomas)

> ...You know what was really hard was [that] I wasn't getting pregnant and all these friends around me getting pregnant and my sister had three babies in four years [and] I couldn't get pregnant! (Helen)

Acknowledging the desire to have a child and suspecting a problem in achieving pregnancy are the antecedent conditions for the process of adjusting to becoming parents after infertility that were used by the couples in this study.

Action/Interactional Strategies

Action/interactional strategies are those strategies used which are "...directed at managing, handling, carrying out, [and] responding to a phenomenon..." (Strauss & Corbin, 1990, p. 104). During the process of adjusting to becoming parents after

infertility, the action/interactional strategy used by the couple was protecting. The strategy of protecting in order to manage the adjustment required in becoming parents after infertility, was viewed as a two stage process. The first stage of protecting occurred during the forming of the parental identity. The time period for this stage began with the diagnosis of infertility to the time that conception occurred. The second stage of protecting, being a parent, began with pregnancy and lasted to the present day. It will be noted that the protective behaviours exhibited by the couples varied with the stage they were in and their perceptions of the situation.

Forming the Parental Identity

Forming the parental identity began during the period of infertility. At this time, the couples developed strategies to protect the self, couple, family and child. That is, in order to begin to view themselves as parents which was the desired outcome of undergoing medical treatments as a result of being infertile, the couples in this study engaged in behaviours which protected and maintained their perceptions of the fertile self, the couple as being fertile, and their perception of family.

Protecting the Fertile Self and Couple. Protective behaviours exhibited by the couple began to manifest themselves early in the infertility period. That is, once the couple had compared their reproductive capacity with other couples and had concluded that they seemed to have a problem, each partner began to engage in behaviours which would protect their image of self as fertile. In trying to protect their image of self as fertile, each partner also engaged in behaviours which protected the marital couple as a potentially fertile couple. Though the individuals and couples tried to protect themselves in order to deal with infertility and its insidious effects, it

was noted they were often unsuccessful which resulted in feeling tremendous guilt, despair, hopelessness, and frustration. The degree of despair was so great for two women in this study that they sought psychiatric assistance in order to cope with their feelings.

The process of adjusting during the stage of forming the parental identity began with the couples searching for the reason they were unable to conceive a child. For some individuals, the search resulted in being able to protect the notion of the fertile self when their partner was identified as infertile. However, for others this search was extremely painful. Some individuals believed that the inability to conceive a child was the result of their own personal inadequacies, or as a result of their past sexual history:

> ...And I just wasn't good enough. (Thomas)
>
> I thought it was just because of my past...because I'd been such a terrible person...that I was being punished... (Madeleine)

As the couple searched for the reason for being infertile, they also evaluated the viability of the marital relationship. The couple invested considerable time and effort in re-examining their relationship in order to determine how important it was for them to have a child. Though the marital relationship underwent considerable stress, the result of the examination served to strengthen their relationship:

> We started having problems with fertility [and thought] maybe we wouldn't be able to [have children]...it caused some stress on our relationship...making us look at the relationship differently. We always thought we'd have kids...it was really important. (Martin)

Once the couple had agreed that there was a fertility problem, all of the

couples in this sample sought assistance from the medical community to confirm the diagnosis of infertility. The period of diagnosis was found to be a particularly difficult and stressful time for the couples which necessitated a considerable amount of adjustment in their perceptions and dreams of the future.

In the process of diagnosing their reproductive problem, one couple found that an assumption made by the physicians and their family and friends, was that infertility was related to a female reproductive problem rather than male infertility. Because of this inaccurate assumption, they experienced a delay in diagnosis and treatment which delayed the achievement of parenthood:

> I could have been given a shot in the old fertility zone quite a bit...there were a lot of things I had...it wasn't one of the things...I'm not sure which one...I had a really high fever when I was in my late twenties and that's a very bad [thing] and when they start giving the reasons and everything I thought...why do you go check the woman automatically first? I figure that I would have been the most likely because I think women take part in less physical things and...Do you know what?...after all I've been through and some of the reasons I've been given that I could be less fertile than other men...I'm sitting back and it kind of upsets me that immediately they go and check the woman first and that's just so stupid...I feel bad that there is not a way of finding out earlier that...it should be part of a physical during your life that they find out when you're sixteen...or something along those lines... (Thomas)

Because of the assumption made by the physicians in terms of the cause of infertility, the female partner within this couple relationship found it difficult to protect her image of self as being fertile:

> If you've ever stated you had problems conceiving...first thing they always look at me and the same thing in the medical field...they tested me for eons before they even tried to [test my husband]... (Barb)

Once the diagnosis of infertility was made, both the individual and the couple

began the work of accepting their infertility. In order to adjust to being infertile, one man found that he had to relinquish his self-image as being fertile. However, relinquishing the perception of self as fertile and accepting the view of self as infertile took considerable time and effort. The transition was facilitated for this particular man when he learned the cause of his infertility:

> Maybe my apprehension was a little bit discovering that I was the infertile one...like a urologist...the second meeting I had with him and nothing against him...I mean it was a fairly cool [meeting]...it was kind a...you take these and not really...you know kind a of...it was pretty earth shattering for me and I kind of shed a few tears alone after I walked out of that building. I had to pull myself together before I could come home...I kind of held it in a while and eventually learned to deal with it. I think I responded a little better once we knew exactly what the problem was...that there was some things that we could do...that there was a little hope...in some ways...and once you know where you stand your ideas...you're more open. (Thomas)

Accepting infertility was also made difficult for many of the informants because they believed they had the right to reproduce. In trying to protect the image of self as fertile, some informants believed they were unfairly singled out to be infertile:

> Because if you don't want a family that's your choice...but if you can't the choice has been made for you and that's not fair! (Molly)

> ...You always feel like you're being picked on...I felt that I was being picked on...you have feelings and actions...thoughts about how things should be or shouldn't be... (Thomas)

In order to protect the couple as a potentially reproductive unit, accepting infertility by one couple was perceived as a couple issue rather than one individual's problem:

> I was never mad at him, never ever, ever...from the minute we found out I took it as our problem. I never once blamed him... (Molly)

For one couple, relinquishing the hope of having a child was possible only after all courses of action in correcting the problem were tried and exhausted:

> Being infertile...there wasn't anything you could do about it...this is the way it is...and especially after surgery when they did the best they could and we couldn't get pregnant...we thought...what more can you do? (Madeleine)

Adjusting to being infertile meant that in sharing their infertility with others, the couples would selectively chose to tell only those family members and friends whom they perceived as supportive. In this way, the couples were able to protect their sense of self-worth from the scrutiny of those who were perceived as less supportive and more critical of them:

> We told everyone individually, you know our main best friends. (Barb)

> Yea, right off the bat...I'm the type of person that can't hold things in...I needed the support and love from my family and friends...I couldn't have made it through this without them. (Molly)

However, one woman found that in sharing her infertility with others, her plight was received by one of her female friends with less sympathy than she had hoped. This evoked within her, strong feelings of betrayal:

> Somebody you know was trying to get pregnant and was having problems...Oh well, you've got baby on the brain...I almost laid her out right there in the middle of the kitchen! (Helen)

In adjusting to being infertile, one strategy used by the couple to protect themselves during the course of infertility treatment, was to control the amount of

investment put into a particular treatment regime. The couple only continued with the treatment if it was judged as meeting their needs:

> We just thought we'd start with the basic steps and work from there and when it came down to the big decisions we could then go on further and discuss it further. We worked step by step and [did] not worry about the whole picture at that time, [we] just worked on little bits...like a puzzle...if it felt good then we continued on. (Barb)

For some women, deciding when to resume or discontinue fertility treatment provided a sense of control over the infertility and therefore, provided a sense of being able to protect the fertile self. The husbands were supportive of their wife's actions in trying to control their fertility since they felt that their wife knew more about the course of treatment and therefore, were in agreement with their wife's conclusion regarding the course of treatment:

> I again had some left over Clomid from a previous prescription and without going back to him [the physician], or anything like that I started to take it again...and I did in fact get pregnant after I stopped taking it. My whole personal theory on my infertility is that I need something to kick start the hormones into action... (Laurie)

> You [referring to his wife, Laurie] also had gone through more infertility. The fact that you were on Chlomid...I forget how long we had been trying but it didn't seem to be working [since] your [referring to his wife] periods were very irregular... (Albert)

All of the couples in this study described infertility as having a profound effect on their lives. For this reason, many of the couples began to engage in overt protective behaviours in order to spare themselves further pain and disappointment. Some of these overt protective behaviours included avoiding social functions where families would be in attendance:

> ...Until she became pregnant every time one of her friends became pregnant and they had a shower or something, she was the bitchiest woman I have ever lived with...I told them not to invite her 'cause she'd go to these and she'd cry for two to three hours... (Leo)

> ...Before we had to stay away from birthday parties and things like that...we stayed at home...being more private... (Barb)

One woman found that her family would not tell her of other family members' pregnancies in an attempt to protect her from becoming upset:

> My mother wouldn't even tell me her friends kids were pregnant...I'd find out...Oh so and so had a baby...Oh, I didn't know they were pregnant...my mother would say I didn't want to tell you...I mean my mother's trying to protect me and Irene just had a baby...how come nobody tells me these things? (Helen)

For another woman, the diagnosis and being labelled as infertile, evoked feelings of being not like other women:

> During infertility after I was put on Bentex...I was then sent to a specialist who was interested in my case. I got very depressed about that 'cause I thought nothing else was going to happen, I thought I lost control and I did not like it at all and so I started seeing a psychiatrist to talk about some of these feelings...I spent several months depressed with whether...I had mild depression. I was also thinking at that point that I could never have children. Well I guess for a period of time I thought I wasn't going to be a parent and certainly not a parent to a natural child of our own...the biological child. There's a sense of being a statistic rather than a real person when you're going through the whole infertility thing and I thought that I was never...wasn't going to get my chance... (Laurie)

During the course of treatment, it was difficult to protect one's image of self as being worthy and successful; life was described as revolving around the menstrual cycle. There was a roller coaster ride with hope that pregnancy had been achieved followed by despair with the onset of the menstrual cycle. This situation was

particularly difficult and continually served to remind the couples of their lack of success in achieving pregnancy:

> You just felt your whole life was rushing around it...all the books you read that say try to forget about it...try not to worry...How? That's impossible, that's all you have on your mind. Our whole life was revolving around that...all you could see was you get into a tunnel and you couldn't see your way out...for me life worked every two weeks...around my cycle...and up and down and up and down...and as soon as I got [my] period, I'd get down. That's how I felt, I was waiting...I was living month to month, and just little things would spark me off and I would go really down...then I would just fall apart. We have to have a life but it's hard because the next time might work...it's like we were on a roller coaster ride...high and low...high and low... (Barb)

> I felt so unfruitful...nothing was going to work now. (Thomas)

Undergoing infertility treatment provided one couple with the opportunity to begin to develop an awareness of themselves as parents. They were able to give considerable thought to how parenting would change their lives and therefore, begin to adjust to being future parents. This time of reflection served not only to prepare the couple for what they believed parenting would be like, but also to make a commitment to continue infertility treatments in order to become parents:

> I think once you've gone through infertility for me I have to think about do I really want to go through all this [infertility treatments] to be a parent? and just sort of question...why...why is this so important to me? and a lot of people I think don't go through that question...so the end product is taken for granted...There is some kind of fight to find yourself as a parent after the fact. Some people become parents because they have a desire to be a parent. Other people don't give much though of how the course [of becoming a parent] will change [their] lives. Infertility has already changed your life and you think about that. Also I think you realize that having children requires sacrifices and it's not a surprise that parenting involves sacrifices...your time and money, energy, sleep...because dealing with infertility requires a lot of volunteer time to sacrifice... (Albert)

> There's a self conscientiousness, self awareness of the whole idea of parenting I think that you go through while you're dealing with infertility. If I could only have a baby I know I'd be a good parent. Then you start thinking what is a good parent? How am I going to be [a good parent]? What am I going to do [to become a good parent]? (Laurie)

Protecting the Notion of Family. Once the diagnosis of infertility had been made and accepted by the couples, they began exploring the options available to them to achieve parenthood. It was at this time that the couples began to define and re-define their perceptions of what constituted a family. All of the couples defined family as providing biological continuity. That is, the biological child represented for them the notion of what family entailed:

> ...Being a parent is raising someone special that you care about...someone you pass on characteristics... (Martin)

> ...They're a part of me... (Molly)

As a result of his infertility, one father's definition of what family constituted for him had expanded to include children who though not biologically related to him, were biologically related to his wife. Therefore, biological continuity of the family was achieved through his wife:

> ...As far as I was concerned this is what I wanted to happen [conceiving children through donor insemination]...and at least the kids were part of Molly and not someone else we couldn't relate to...they are still part of me in a way... (Robin)

Once the couple had defined for themselves what the term family meant, various treatment modalities as a means to achieving pregnancy were investigated. For one couple, the choice of treatment modality available to them was limited to

donor insemination as a result of male infertility. For others, more invasive treatment modalities such as in-vitro fertilization were considered. In investigating which treatment modality to undertake, the couples evaluated the rate of success for each of the modalities they were considering. This evaluatory strategy helped the couples to protect and limit the amount of investment in the treatment regime:

> ...By this time I had read a lot about infertility and in-vitro...the odds [with in-vitro fertilization] were less of getting pregnant. These odds [with donor insemination] were quite high, the highest...so that was good knowing that we had a little higher chance of it [becoming pregnant]...that gave us kind of higher positive outlook on things. (Molly)

In adjusting their definition of what family meant to them, some couples protected themselves by limiting the options they would pursue in becoming parents. In particular, choosing a course of action acceptable to them, meant that the option of adoption was relinquished in order to become a family through a biological child:

> We sort of discussed it and I even phoned the adoption agency...they said we're taking names but there's a seven year waiting list and then thinking on it more I came to the conclusion that I didn't want just any child...I wanted to have a child that was part of us. We thought that we wanted to have a biological child or not have any at all...so we didn't pursue it any further...the adoption business. My thoughts about adoption at that time were that if I had a child I would...could not be the parent I wanted to be if it wasn't my child. (Madeleine)

> ...For me it was different because I was the one that was infertile and I was having a problem seeing myself ahead in the future accepting a child [through adoption] and that was a concern for me...I would always know that child would not truly be my blood child and I was having difficulty with stuff like that... (Thomas)

Other concerns such as the length of time anticipated before parenthood would be achieved, the appropriate age for becoming parents, and whether the treatment

modality was compatible with the couple's value system, served to limit the number of treatment options considered:

> ...At that point I wasn't interested in that [in-vitro fertilization]...I wanted more basic procedures than that. We weren't interested in doing things...I guess the more unnatural they were the less we were interested in them. (Angie)

Though the couple had actively participated in choosing a course of action suitable for them, one couple who was limited to the treatment modality of donor insemination as a means of achieving biological parenthood, found that once treatment was underway they began to question if the choice made was the right one for them. For this particular couple, adjusting their definition of family to fit the treatment modality being used to achieve parenthood meant protecting themselves as a reproductive unit by defending and justifying the choice of treatment used:

> Not regretting it [referring to donor insemination]...I think of these children as my children and I always will and there's not one day that I will sit there and say...Oh, they're not my children, I don't want them anymore. I would never do that...as far as I was concerned this is what I wanted to happen...I have no regrets. I am really proud of my kids...like I said I'm just glad we did it... (Robin)

> I would have felt just the same about them [if donor insemination had not been required]...I think they're [the children] his anyway. I never ever think...Oh, I wonder who the father is? I never think that way. He's their father and that's it. (Molly)

Being a Parent

Once pregnancy was achieved, the couple began to view themselves as being actual parents. That is, until pregnancy was achieved, the couple was only able to form a perception of self as parent based on a possible future child. With pregnancy, being a parent was perceived as being imminent and real.

Though being a parent was thought to be a real possibility as a result of becoming pregnant, the couple faced challenges in adjusting their perceptions of what being a parent represented. The adjustment required in parenting, was to balance the scales of controlling events in parenting and relinquishing the perceived control. Adjusting to being a parent therefore, required the couple to continue using the strategy of protecting but in a modified form.

However, before adjusting to being a parent could occur, the couple had to develop a sense of feeling connected to the yet unborn child. Feeling connected to the child allowed the parents to undertake the strategies of protecting the child, family, self and couple in parenting.

The parents felt connected with the child when they were able to describe the child as being special. The specialness of the child was attributed to the fact that the couples believed the child was a gift from God, or that they had been extremely lucky to have been able to conceive the child:

> I think he [referring to her son] is really a gift from God... (Angie)

> I don't look at them [referring to his children] as gifts from God [but] we were just really fortunate [to have children]... (Marcel)

The strong emotional intensity of feeling connected to the child was often described by the couple as the result of having experienced infertility and great difficulty in achieving pregnancy and parenthood. The couples felt compelled to protect the unborn child and therefore, engaged in the strategy of protecting the unborn child.

Protecting the Unborn Child. A sense of relief that the treatment modality had been successful occurred once pregnancy was achieved. However, the feeling of relief was accompanied by the feeling of uncertainty as a result of the tenuous nature of pregnancy. The pregnancy was viewed as tenuous because the couple had been unsuccessful in their attempts at becoming parents up until this point therefore, they felt uncertain that the pregnancy would proceed to the birth of the child. As a result of feeling uncertain about the outcome of pregnancy, adjusting to being a parent resulted in the couple engaging in behaviours which were thought to protect the likelihood of becoming parents. One strategy used by a mother, was to modify her lifestyle to protect the unborn child and to increase the chances of delivering a healthy infant:

> As soon as I found out I was pregnant...I can do this for the baby...I can do that for the baby...you know and I did! I didn't want to use a strong cleaning product and stuff like that which I haven't to this day. I mean like bizarre things...like I wouldn't have anything to do with nail polish because god knows I might not get enough oxygen through my fingernails you know...I might hurt the baby... (Laurie)

Another strategy used by the couple to ensure success in achieving parenthood, was to continue to pursue parenthood through adoption even though pregnancy had been achieved:

> We waited till we were six months into the adoption procedure before we told them that...we were fairly sure that there was only three months to go [in the pregnancy] and we hoped nothing would happen...but we felt fairly safe about...the doctor said everything was going according to plan and whatever so we called them [the adoption agency] and said they could take us off the list. (Leo)

With the birth of the child, the couples were faced with adjusting their

perceptions of self as parent, as well as their perceptions related to the unborn child. To facilitate the adjustment and realignment of these perceptions, the couples were again faced with modifying their protective strategies. The protective strategies used by the couples after the child's birth will now be presented.

Protecting Self and Couple in Parenting. In adjusting to being a parent, all of the couples stated they had developed expectations of themselves, of their partners and of parenting. For some couples the expectation was that life would be like a dream come true. In reality, the amount of time, energy and the degree of change their lives would have to undergo in order to accommodate the child, surprised many of the couples. The greatest adjustment required of the couples was to accept the notion of having less control in parenting events than that which was exercised in infertility. This adjustment was described as particularly difficult by the couples since they had become accustomed to controlling events in relation to becoming parents and therefore, were able to protect their perceptions of themselves. In being a parent, the sense of having less control over the events of parenting resulted in feeling out of control:

> ...There is this sort of fantasy that you know...you're life is going to turn into one of these Kodak moments after the baby is born. It's [referring to the baby] going to be in a pristine christening gown...I'm going to walk barefoot in the park today with my beautiful, charming, mild mannered baby and it'll just coo at me and I'll be a great mom and oh won't life be grand...[but] parenting it's ah...you have a child now and now there's life and it's a person and they have their own lives and it's no longer you and there's lack of control... (Laurie)

Though all the couples were pleased with having become parents, all of the informants found the inherent demands of parenting resulted in having difficulty in

protecting time for them to be alone:

> For myself what's changed is time for myself. I've had a hard time coping with not enough time. As much as I love Andrew, there is still times that I need to be away from him... (Angie)

> One of the hardest things I've had to deal with as a mother has been a lack of time for myself. There's time to be a mom and occasionally time to be a cleaning lady, less time than that to be a wife and there's...you know the odd hour stolen here and there where I get to do something for me...and I use to be a person who you know...really valued...I used to spend a lot of time by myself...I don't get to do that anymore... (Laurie)

Though the parents recognized the necessity and desire for maintaining interests apart from the activities associated with being a parent, balancing the desire to be with the child at all times, and creating time to be alone was difficult for some parents. The adjustment made in being a parent resulted in some parents being consumed by the parental role:

> I'm always thinking about her before anybody else. I plan my days or activities, it's more like for her than for us...even like planning for meals....I sort of got back into what she likes, sort of what she likes and you just take the responsibility....Now when I look at a magazine I look at the toys, I never used to do that...or when we go to the store I go to the kids section... (Barb)

> I do most of my thinking during the day about them, what are they eating... (Laurie)

The consuming nature of parenting resulted in one mother feeling like she was parenting poorly when she was not attending to her children:

> I should come home every night and spend my time with them [referring to her children]... (Madeleine)

For all of the women in this study, being a mother was identified as being

central in the make up of their self identity. Viewing themselves as being a mother was so central for some informants that they could not visualize themselves as being childless:

> Definitely, I mean if I couldn't be a mom I don't know what I'd be...they're [referring to her children] definitely what I'm about and when I go out and I don't have them with me I feel weak for the first twenty minutes and then I sort of feel like "I'm alone...like where are they?" (Laurie)

The fathers in this study however, did not describe themselves in the same manner as did the mothers. That is, the fathers acknowledged the importance of being a father however, they felt that being a father was only a part of who they were as persons. Because they were able to describe themselves in relation to their work, adjusting to being a parent for the fathers was made easier since they were able to protect their identity from being consumed by the parental role:

> I don't find that I identify as a parent. I value being a parent but basically I value being a parent because it means I have something to bring to the party. In that would I feel less of a person not being a parent? It would be something I would miss but you know I wouldn't be less of a person...I'd still be me. I did not entertain any hopes of being a househusband and taking care of my children is not my primary aim...I like going to work. (Albert)

Being a parent at times made protecting the marital relationship difficult. One couple found that because the wife was consumed with being a parent, the marital relationship at times became secondary to the parenting role:

> ...Our marriage I wouldn't say suffers but it takes a back seat a lot of times to the parenting aspect. (Marcel)

A strategy developed by the couple to protect the marital relationship in

parenting was to see parenting activities as part of themselves as a couple. In this manner, the couple accepted the restrictions inherent in parenting. The result was a re-adjustment of their life plan and goals:

> Before we had children, I would have said to Madeleine, let's take a year off work and travel...now we can't...I just don't even think about that...I think I'm always more conscious of the...if we have kids we can forget two weeks holidays here and we can forget the vacations...all the more practical things are the things I look at... (Marcel)

> It's not what you think it was or would be and what it actually is are two different things. It's a lot more adjustment...it changes your life quite a bit...you shift your focus about your thinking about life I guess...I can see why there is a difference in couples and couples with children because you have a different life style... (Martin)

Protecting the Child in Parenting. The feeling of being connected to the child described earlier continued to develop with the birth of the child. However, the specialness of the child was due to the individuality of the child rather than being based on the fantasy child of pregnancy. Therefore, though the child was thought of as special, the parents were able to connect with the real child. Though the child was of a different gender than what was desired by the couple, or the child displayed some characteristics and behaviours which were not pleasing to the couple, the parents were able to describe feeling connected with the child:

> ...We feel that now [it is] okay [for their daughter to be who she is] because she's a normal person with me. In an ordinary life even as adults we screw up many times and so a child should be able to do that too... (Thomas)

As a result of feeling connected with the real child, the consuming nature of parenting was amplified. Furthermore, because the couple had experienced infertility,

they perceived the child as being vulnerable to the dangers of the world. The couple felt it was incumbent upon them to protect the child from all possible negative experiences:

> ...Myself I feel I'm more aware of the dangers of the outside world. It's more of a threat. It was more friendly before we had Andrew. I guess he's more vulnerable and needs our protection. I guess I'm making sure he doesn't get hurt is an important part [of parenting]... (Martin)

Adjusting to being a parent because of their connection to the child, resulted some couples believing that perfect parenting was required. In trying to meet this standard of parenting, one woman used community resources:

> I felt like I had to be perfect...the house had to be perfect...the children had to be perfect...not yelling at my children, swearing, never snapping at them, never do anything that might be considered a bad parent essentially. I read a lot because I want to be a perfect parent...I have been going to a Mother/Tot group in the community...I have Wednesday off so on Wednesday morning I've been going... (Madeleine)

Though the couples wished to be perfect in their parenting, many of them experienced doubt that they would be able to meet this standard of parenting. The realization that they may not be able to be a perfect parent made them aware that they might not be able to protect the child from all possible negative experiences. The uncertainty of being able to protect the child resulted in the couples doubting their overall abilities to parent:

> In some ways I can say I am a perfectionist and having children sometimes makes me feel very inadequate...it damages my self-esteem because I am not really a good enough parent...I feel this is the hardest thing I have ever had to do...trying to be a perfect parent... (Madeleine)

> ...This is the first time I've ever done anything like this, so there are days that I feel like I'm just the world's worst mother... (Helen)

However, some couples found reassurance from their support system that they were indeed meeting a high standard of parenting. This reassurance served to protect the couple's perception of themselves as being good parents and successful in protecting the child:

> ...There's enough people that say that we're doing it right...that we're good parents... (Leo)

When a couple had developed their preferred parenting style they viewed themselves as being able to protect the child. This view facilitated their adjustment to being a parent. In order to develop a parenting style, the couples would often evaluate how they were parented as children and would adopt, modify, or reject these practices:

> I just look at some of the things that I didn't like and I hope...we were just talking about that yesterday...my parents used to always say...you can come to talk to me about anything but when it really came down to it...I couldn't because they'd explode if something didn't go right and when I say that to Crissie I really mean it...like you know...I might get angry at the time but... I think what I want to do is look at what my parents did and try to be better on the things I thought could have been...change or try to and try to improve... (Barb)

> We're really good at stepping back and analyzing something like that [referring to various parenting styles]...you've got to. I think we're better for it...I think it's helped make us really aware of some things... (Thomas)

> ...I listen to my children as my father did to me and I feel my family and my children are treated with respect. (Albert)

A parenting style which was described as including the child in the couple's

daily activities, attending events directly aimed at meeting the child's needs, or modifying activities in order to meet the demands of family life was also part of adjusting to being a parent. For some fathers, meeting the demands of family life took the form of accepting the financial responsibilities associated with raising children. For another father, adjusting to being a parent meant that his priorities had to reflect the importance of having and raising children:

> My responsibility really is for my family, that whatever interferes with them...anything else [that] interferes with them...then I have much to question as to where my priorities are... (Albert)

The parents described learning the skills of parenting as a trial and error event which was often frustrating. However, the trial and error of parenting provided the couples with the opportunity to learn about their limitations in protecting their child. One mother felt that the amount of time spent with the child influenced her husband's adjustment to being a parent and his need to protect the child:

> ...He handles things differently than I do and he stops her [referring to the child] from doing things that I let her do...he's not home during the day... (Helen)

One parenting skill described as being essential was that of physically protecting the child from harm. Overt protective behaviours used by the couple included childproofing the home, disciplining the child and carefully choosing who would care for the child on an interim basis. Because being able to protect the child was so important for some couples, the overt protective behaviours displayed by them served to limit the number of people who could babysit the child. This resulted in the couple having a limited support system:

> Especially because you wouldn't trust him [referring to their child] with just anyone else... (Martin)

Another parenting skill which preoccupied the couples was that of protecting the child emotionally. Being able to protect the child in this instance was especially important since it was believed that the development of the child's sense of self-worth was at risk:

> I also think more along the lines of the fact that I am responsible not wholly but partially for the child's self-esteem and his physical maturation and cognitive development. I'm always thinking I have to be careful how I phrase things, how I say things because I know he's starting to understand so much...I'm careful with my tone of voice [and] my facial expressions... (Angie)

> ...Certainly it gives me great, great pleasure to see my daughter has no lack of self-esteem which every female in my family suffers from... (Laurie)

Though concerned with protecting the child physically and emotionally, adjusting to being a parent meant that the couple had to provide opportunities which would facilitate the development of the child:

> I should get her into this...get her into that...she's expressed an interest in violin, we should be running out and you know...getting her into Suzuki because she is such a spectacular child and you know they have all these great gifts...we should be doing something to bring them out and give them chances and all that kind of stuff... (Laurie)

However, allowing the child to discover his or her own limitations and world, was difficult for the parents. Relinquishing the role of protector was difficult though the couples recognized that developing the parenting skill of relinquishing control over the child's activities was essential for the child's growth and development. From the time the couples began forming their parental identity during infertility, they had

invested a large amount of energy in protecting the child who would make being a parent a reality. Having become accustomed to controlling the events in infertility as much as possible, it was difficult for parents to relinquish control in parenting in order to meet the child's developmental needs:

> You can only tell them so many things...just like...she likes to climb the tree so you can tell her all you want you can't climb the tree 'cause you can fall and hurt yourself but until you fall and hurt yourself...they have no idea what you're talking about...then after that you hope they fall out at the three foot level and not at the thirteen foot level... (Leo)

However, two couples found that once they had reflected upon their parenting style, they concluded that they were too preoccupied with protecting the child in their parenting approach:

> I think we both tend to intellectualize a bit too much...think about it too much. I know that I remember when I was a child you just take your parents for granted big deal...as long as they didn't beat you or smother you or anything like that...smother you with attention is what I mean...probably everything is fine...we think about it too much...[we make parenting] too much of a big thing, partly probably because of the infertility. We are so intense and also because we're older. If we would have been twenty things might have been more natural and there'd be less intellectualizing... (Madeleine)

> Or we're too protective...like if something would ever happen to her...like we're so scared that something could happen, kind of protect her...like you know, we get too paranoid for just letting her do something on her own... (Barb)

As a result of this reflection, the couple continued to adjust to being a parent, balancing the need to protect the family, child, couple and self with the relinquishment of control:

> ...Now I realize we are like everybody else...we have our ups and downs...our kids get chicken pox, get sick like everyone else's...we have family squabbles, we get over it...we have good days, we have bad days... (Molly)

This couple had to balance the scales of controlling events and relinquishing control in order to parent effectively. Balancing the scales of control was difficult. During infertility, the couple protected their perceptions of themselves as a potentially fertile couple by actively seeking and controlling the treatment regimes. However, in achieving pregnancy, control over the events associated with being a parent, was lost. The loss of control began with the recognition of the tenuous nature of pregnancy.

With the birth of the child, the couples continued to use protective measures to guard the family and most especially, the child against harm. As a result of trying to adjust the scales between relinquishing control and protecting the child, family, couple and self, three parenting conditions developed for the couples in this study.

The first condition for parenting was that of parenting in isolation. In this instance, the desire to protect the child and family from all harm resulted in the couple feeling isolated. They believed that there was little support for parenting within the community and from their family of origin. The couple in this situation, found it difficult to seek out and establish a social support system. Adjusting the scales of control in parenting resulted in parenting in isolation.

Parenting in isolation also occurred when the couples tried to developed a parenting style which reflected the notion of perfect parenting. For two couples, being a perfect parent was the salient strategy used by them in their attempts to protect the child, family and self. For these couples, adjusting the control of

parenting events inherent in perfect parenting with relinquishing their ideal parenting style was extremely difficult to do. That is, because the couples had experienced infertility with it's negative impact on self esteem, it was extremely important for these couples to succeed in parenting. Parenting in isolation for these couples was the result of their perceptions of self as parent, while for the previous couple described above, the catalyst for feeling isolated in their parenting was due to an inadequate social support system.

The second parenting condition identified was that of parenting within the extended family network. For the couple in this situation, though they protected the self, couple, family and child, they were able to relinquish some of the control in parenting by allowing other family members to assist them in parenting.

The third and final condition for parenting identified was that of parenting with difficulty within the extended family. The couple in this situation found it very difficult to establish and maintain nuclear family boundaries. As a consequence, protecting the child from influences outside of the family unit was very difficult. The couple was unable to achieve a balance between maintaining control of parenting and relinquishing some of that control.

As is noted above, adjusting to being a parent was influenced by the couples' social support system. That is, the couples found they needed to protect the boundaries of their nuclear family. In protecting these boundaries, two outcomes were noted. For some couples, re-establishment of ties with their kin support system resulted in following family traditions such as having special meals with the extended family on such occasions as Thanksgiving or Christmas. Other couples, however,

experienced severe conflict in trying to establish their nuclear family boundaries. A discussion of these findings follows.

Protecting the Family Boundaries. As each couple began to define themselves as parents, all of the couples turned to their social support system to assist them in developing a description of parenthood. However, the couples found that they had a limited support system. Their withdrawal from family events during infertility in order to protect themselves, as well as the consuming nature of parenting had interfered with being able to maintain their social support system. Also, friends with whom they associated with prior to having a child were often not available to them for continued support because they had developed other interests:

> Because we had our children later most of our friends have kids who are older. Now we've lost contact with them because they're moving in different circles, different directions. If we want to associate with parents we have to find people with kids wo are pretty much the same age as ours but our interests may be different... (Marcel)

The lack of a support system prompted all of the couples to seek a new support system within the community that would meet their needs. Seeking out this new support system required knowledge of how, where and when to access these resources. However, the couples found that in seeking out this new social support system, limitations existed. Some limitations of the community support system identified by the couples as particularly bothersome included conflicting schedules between themselves and that of the community agency which they wished to use. The greatest concern the couples had in accessing support from the community was the belief that parenting was not highly valued. As a result of these perceived barriers, the couples felt there was lack of support in parenting from the community:

> Say I really need a day off or have relative who say "Do you need a babysitter?"...but we have to book weeks in advance. It is our society's idea that we as a couple as well as a parent have to do everything by themselves in our social sphere. I find that very difficult because it seems to be this expectation that parents will do everything by themselves, especially when mothers...you're supposed to be sleep deprived and be a great Mom and bake cookies and house work and if you're working still do everything. Everybody's really happy for you but then...that's what I find is really difficult...doing it by ourselves because even with two people it's very difficult. It's finding the time for each other and finding the help... (Angie)

> It's very hard to be sane when you're with kids all the time...especially when we have a limited amount of support and there isn't much value placed on what you do...you know...you're sort of a housewife ugh!... (Laurie)

As a result of the perceived lack of social support from the community, the couples turned to their own familial relationships for support. Evaluating who would be supportive helped to determine who would be considered as a family member, as well as the role this person would assume within the nuclear family's boundaries:

> Well my family lives in Ontario so they are quite a ways away. My brother has two children and my sister doesn't have any children. They really don't play much of a role, we don't see them regularly so they...I'll add to that as the uncle and aunt role our friends play probably just as big a part in that...like everybody is Aunty Jane or...it's real different... (Thomas)

For some couples, members of the family of origin continued or began to play a larger role in the couple's own family:

> I want to see my parents more frequently. My parents are getting on right now...I want them to know their grandparents. We don't see them very frequently. I want my kids to know their grandparents, aunts and uncles. What it's done for me is it has given me the desire to be closer to my family...I want to see them because I want my kids to know them...maybe I'm using it as an excuse for me to get in touch with my family...maybe that's what it is... (Marcel)

However, in re-establishing their familial relationships, some couples found it necessary to define their nuclear family's boundaries. In protecting their family's boundaries, some couples met with resistance from other family members. The resistance from other family members to respect the couples' family boundaries necessitated that the couples become assertive in protecting their family boundaries:

> She's [grandmother] used to just being able to do what she wants with the grandchildren...like the older grandchildren and I'm not like that...I have certain things...like there are certain things that should be done the way I want. They should behave a certain way no matter where they're at...she tries to let them run wild and do as they wish and go against what I want...and that doesn't go over very well. When we get there and what is not acceptable there in my opinion...but Grandma tries...well she over rides us sometimes and that doesn't sit very well... (Leo)

> My sister has had her children baptized. She [is] sort of held out to me as "Your sister did it." My mother especially tends to be a lot more intrusive into our family...she always wants to have a say in what we're doing with the children...whether they're socialized enough, whether they're going to church or not...are they baptized...she always has something to say. She quite often says "You don't have to take my advice but"...then she's hurt if we don't...or she gets more and more insistent if we don't... (Madeleine)

> My advice to Madeleine is always look, it's nice to take your parents' advice but you have the ultimate say, you have to decide. I think my wife should assert herself more. (Marcel)

The consuming nature of parenting and the need to protect the child, self, couple and family compounded by the perceived lack of a support system resulted in parenting in isolation for some couples:

> I feel quite isolated sometimes...when I really needed help when Sarah was little... (Madeleine)

> ...We found with the idea of [becoming] parents we were so excited but some days we would say we really need a break...there was no one around to help out... (Robin)

One father expressed regret that he was parenting in isolation since this meant that family traditions were not being followed:

> We went to church everyday for years and years and I really regret now that I'm not indoctrinating them [referring to his children and raising them within the church]. (Marcel)

For those couples who experienced more flexible nuclear family boundaries and less need to protect the family and child, the participation of grandparents in childrearing was nonproblematic:

> Things are said but...my parents have the attitude that they are our children...they will respect the way in which we raise them...they don't get into it...they say the odd little thing but...When I'm out with my mom, I tend to be quite strict with my daughter...my mom will say "Oh let her have it"...you know just Grandmother things. But if things came down to something very important they would respect our view...they would leave it alone. (Molly)

In allowing grandparents to participate in childrearing, the familial ties between parent, grandparent and child became more intimate:

> Also just in terms of dealing with parents and relatives that changes things because it seems like...I don't know like they become family...more family...like they're drawn in... (Martin)

Solidifying their familial relationships often lead to the development of a dependable support system and encouraged the couple to continue to participate in family traditions:

> I was brought up within a strict German family and we're still keeping that. I think we try to stay in that routine and you know...I was

> brought up in kind of a routine...things that I...keeping the old traditions...you know...things like that...at Christmas or at Easter and the family traditions and stuff...you know...and even have respect and some of the other things... (Barb)

In summary, during the process of adjusting as a result of becoming parents after infertility, the action/interactional strategy of protecting was used by the couples. Adjusting was characterized by the stages of forming the parental identity during infertility and, being a parent from the time of conception to the present day. The strategy of protecting evolved, was modified over time, and was goal directed in order to manage becoming parents after infertility. This strategy therefore, was purposeful and processual in nature (Strauss & Corbin, 1990). "Action/interactional strategies taken in response to, or to manage a phenomenon..." have consequences which may occur to people, places or things (p. 106).

Consequences

Consequences may be events or happenings, or they may take the form of responsive actions/interactions and may be actual or potential outcomes (Strauss & Corbin, 1990). In this study the consequences of adjusting to becoming parents after infertility were securing the future of the family, being normal, developing a social awareness related to parenting, controlling fertility, and re-negotiating the couple relationship.

Securing the Future of the Family

The action/interactional strategy of protecting during the stages of forming the parental identity and being a parent, assisted the couples in perceiving themselves as parents. Consequently, the strategy of protecting the child became necessary for

securing the future of the family. Furthermore, regardless of the child's gender, the child secured the future of the family by providing the biological link necessary for the continuation of the family. Having a biological child was viewed as fulfilling a duty to the family of origin:

> Sometimes I think of them as replacements for us when we're gone...we have a boy and a girl so they can carry on... (Madeleine)

> I kind of felt that it was incumbent on me to carry on the name... (Albert)

> I still have this old fashion ideology that I have to have a child to carry on my name and thank goodness my brother had a boy this last child... (Thomas)

Having children provided the couple with the belief that family values and traditions would be protected through their continued practice by the children. For this reason, two fathers discovered how important family was for them now, and were able to reflect on how important family will be in the future:

> Perhaps I look at my kids and I'm glad I've got them because when I'm old and grey I want to see my family... (Marcel)

The future of the family was also apparently secure as a result of the genetic transmission of physical, mental and emotional characteristics passed on to the children:

> ...Because it was so hard to have Andrew and now we have him, he's enough...especially because he looks a little like me...he's got characteristics of Martin...he's got a little dent in his chin... (Angie)

> Being a parent is raising someone special that you care about...someone that you pass on characteristics... (Martin)

Being Normal

The action/interactional strategy of protecting during the stage of being a parent, assisted the couples to achieve the sense of being normal. Being normal in this instance was being able to fulfil the perceived societal expectation of bearing and raising a child within the marital relationship:

> Yea...my husband is always saying this..."All women feel they have to have a child to be a woman". To a degree I think that is true...many women feel that they must have children. I don't know whether it's a biological or cultural thing but I did feel kind of an odd ball because I didn't have children...kind of left out of the womanly sort of thing...that I was missing out on something...I felt that I was missing something...some part of being a woman. (Madeleine)

> Because I always felt that we were abnormal because we couldn't have babies...I always felt that I wasn't whole, I felt cheated. Now I feel normal...I could do what everybody else got to do...now I feel like everybody else...it's made me happy even on bad days...it's made me normal and I like being normal...I felt normal...we were a couple, we got married, we had babies just like everybody else... (Molly)

Normality was also achieved when feelings associated with parenting thought to be common to all parents, occurred:

> There are days when if someone came to the door and gave me five cents I would give them both away...but that's just normal. That's nice we are normal...we feel just like everybody else...now we can feel normal like all other parents do at one time or other...we live like a normal family and we act like a normal family. (Molly)

Though being able to conceive and bear a child was perceived as a natural outcome of marriage, one couple found that society also dictated the acceptable number of children the couple should try to bear. In one instance where the couple had three children and were deciding whether to have a fourth child, the number of children desired by the couple exceeded the perceived acceptable limit set by society.

The result was that the couple felt "abnormal" in the sense that they represented the notion of the "traditional family":

> ...When we were planning to have our third child and...trying to sell our car...people calling up and I said to one person, the reason we plan to sell a small car is we were thinking of having a third child, and they couldn't believe it. He said "You should get yourself fixed!". Often there's that kind of reaction especially when you've gone beyond two children. I realized the other day that being a parent combined with your wife, the closer you are to the traditional picture of the family like the more you tend to be abnormal, the less approval you receive... (Albert)

> You shouldn't have more children especially when you have one of each because you know there's this idea that now you have a boy and a girl so that now you don't need to try for anything else... (Laurie)

Developing a Social Awareness Related to Parenting

The action/interactional strategy of protecting during the stage of being a parent, facilitated the development of being able to relate to other parents. Some couples stated that because of their own parenting experience they were now able to understand why their parents had parented the way they had. The couples also stated that they had developed a greater understanding and compassion for other parents' situations and those of their children:

> I think I'm a lot closer...I feel closer to my mother since having children because I know what she went through more so. I have a lot better understanding and sympathy with her. I realize that she had problems all her life and she was doing the best she could. When I do something I think isn't quite right with my children I think well my mother didn't do anything different...she was doing the best she could...I'm just trying to do the best I can...I have a lot more sympathy than I used to have. [At work] we used to have people come in for appointments for their children and they would be late. I'd think can't people be on time for an appointment?...you know...now that I have children I think ah! well if they come one half hour late that's fine...I am more tolerant of other people's problems and differences than I

> used to be...a lot less rigid as a whole. I have also more compassion and understanding for the families than I did before. (Madeleine)
>
> One of the biggest changes that has occurred to me since having kids [when I'm] watching the news I see Rwanda and I really feel sorry for the children...ten years ago it wouldn't have fizzed on me...I would not have thought that way. Now that I have kids I sympathize with those little kids... (Marcel)

Controlling Fertility

With the birth of the child, the couple was now faced with having to control their fertility. After having had three healthy children, one couple was faced with deciding if they should have a fourth child. However, the association of infant anomalies with increasing maternal age was a concern:

> As bad as it may be to say it, I sort of wonder if I'm pushing my luck...remembering about a fourth because you know...I keep coming back to the statistics...once you've been a statistic you know what can happen and you wonder if it's going to happen again... (Laurie)

For this particular couple, another concern was related to the amount of energy raising a child required and their perceived inability to have this energy available to them as a result of their age:

> I spent the day with a friend who has [very young] children and I'm sort of remembering what it was like...because I am 37 now and I'm just getting old and tired...just remember how hard it was the first couple of years...I don't know if I want to do that again... (Laurie)

For other couples, controlling their fertility meant having to decide when and how they would resume infertility treatment if they desired more children. The difficulty they had experienced with trying to become parents initially served to influence some couples in pursuing another pregnancy immediately following the birth

of their first child:

> After you've had your first child you're very fertile...you should be very fertile for a period of time...[so we] figured well we had so many problems the first time around...I mean grant it, it'll be kind of tough if they're [referring to the children] twelve months apart or whatever but you know...might as well [try to have another baby right away]... (Leo)

Another result of experiencing difficulty in conceiving the first child, was the concern of depriving the child of experiencing a sibling relationship. For this reason, the couples choose to pursue another pregnancy even though this meant re-entering the infertility treatment cycle:

> ...This thing with the only child...I don't think that it's fair for that child. I think that it's not fair. If it's possible there should be that sister or brother because I know when I had the one sister...it's a different relationship than what you have with your parents... (Barb)

However, one couple found that controlling their fertility by limiting the amount of investment in a treatment modality was made more difficult because of their previous success in becoming parents:

> ...My friends say the second time should be easier but no...it kind of makes you so angry. I don't know if it's harder or not but now I know it does work so I get more anxious where before I thought it may never work. It's so much harder to put a time limit [this time]... (Barb)

Re-negotiating the Couple Relationship

The action/interactional strategies of protecting the couple in the stages of forming a parental identity and being a parent, assisted the couple in re-negotiating their couple relationship. However, as can be noted, the couples experienced difficulty in re-negotiating their couple relationship as a result of changes in communication, socializing, and sexual intimacy. Furthermore, the consuming nature

of being a parent served to hamper the negotiation of the couple relationship:

> I've noticed sometimes [though] I'll be telling Thomas what has happened during the day and of course he's only interested in Kattie's day...you have to say "I'm here too you know"... (Barb)

The consuming nature of parenting also affected the socializing patterns of the couple. Though all the couples stated that they appreciated the importance of maintaining their couple relationship, the opportunities to go out as a couple had diminished considerably. In order to accommodate this change, the couple found that they would go out to events as a family instead:

> Spontaneity has changed, we still...we still go out, but we go out as a family now... (Leo)

> ...We very seldom do [go out as a couple], maybe two times a year we go out for dinner or to a movie...that's about it...that's the extent of our time as a couple... (Marcel)

Since becoming parents, all the couples found that their sexual relationship had undergone a tremendous change. The couples had to make a conscious effort to ensure that time existed for being intimate with their partner:

> In terms of sexual needs have changed a lot. The needs have changed dramatically because when you're tired, you're sexually not there. (Martin)

> Our sex life has taken a beating. Don't bug me...the kids were all excited today and ran me ragged... (Leo)

In summary, the consequences of the action/interactional strategy of protecting include: securing the future of the family, being normal, developing a social awareness related to parenting, controlling fertility, and finally re-negotiating the couple relationship.

A Summary of Becoming Parents After Infertility

Adjusting is the concept which captures the process that these couples undertook as they became parents following infertility. The antecedent conditions were acknowledging the desire to have a child and suspecting a problem with fertility. The action/interactional strategy of protecting, was used by the couple to manage the process of adjusting to becoming parents during the stages of forming the parental identity and being a parent. The consequences of becoming parents after infertility were securing the future of the family, being normal, developing a social awareness of parenting, controlling fertility and finally, re-negotiating the couple relationship.

Two distinct properties of **adjusting** were identified as the couples became parents. First, the couples were very active in pursuing parenthood in infertility and in parenting. However, the nature of the control over events in infertility and parenting were quite different and as a result difficult to manage. Secondly, the pursuit of parenthood in both infertility and in parenting required the couple to relinquish the control they believed they had in their lives. As the couples progressed through the stages of becoming parents after infertility, balancing the scales between relinquishing and controlling events was required. All the couples stated that the adjustment to parenting was continuous.

CHAPTER V

DISCUSSION

The purpose of this study was to identify and describe the process previously infertile couples experience as they become parents. Using the strategy of protecting, the couples progressed through two distinct stages of adjusting. The stages are: a) forming the parental identity, and b) being a parent.

The findings of this study regarding the couples' experiences in becoming parents after infertility will be discussed in relation to current research. Because of the lack of literature pertaining to becoming parents after infertility, literature relating to becoming parents in fertile relationships and in situations where the child is perceived as ill will be included. Following this discussion the nursing implications will be presented. Finally, the strengths and limitations of the study will be discussed.

For the couples participating in this study, adjusting was identified as the transitional process occurring from the time of searching for the reason for being infertile to the time when actual parenting was underway. The antecedent conditions of acknowledging the desire to have a child and suspecting a problem with fertility led to the core category of adjusting.

The couples in this study describe parenting as requiring continual adjustment. In order to parent, adjustment in every aspect of their lives was required. Adjustment is defined by Hobbs and Cole (1976) as making the transition to parenthood with

difficulty. The continual adjustment faced by the parents in this study is similar to Hobbs and Cole's definition and was related to the condition of uncertainty. The couples in this study were uncertain of parenthood because of their infertility. Their experience is reflective of the uncertainty in the outcomes experienced by patients with a chronic illness (Mishel, 1990) and by women who encounter unexpected events during pregnancy (Marck, Field, & Bergum, 1990).

The Meaning of Uncertainty

Uncertainty is defined as "the condition of being in doubt; a questioning state of mind that causes a person to hesitate in accepting a premise or in making a decision" (The Houghton Mifflin Canadian Dictionary of the English Language, 1982). Uncertainty in illness is defined "...as the inability to determine the meaning of events and occurs in a situation where the decision-maker is unable to assign definite values to objects and events and/or is unable to accurately predict outcomes" (Mishel & Braden, 1988, p. 98). Uncertainty is the outcome of events which are perceived as vague, ambiguous, unpredictable, unfamiliar, inconsistent, and where there is a lack of information (Mishel, 1984). Because this study focuses on the experience of becoming parents after infertility, the condition of uncertainty occurred in relation to the self view, the couple alliance, the pregnancy outcome, family boundaries and parenting. The process of adjusting and the strategy of protecting will be discussed in relation to uncertainty in each of these areas, first in the stage of forming a parental identity and second in the stage of being a parent.

Uncertain Self View

Forming a Parental Identity.

The couples in this study had determined that an acceptable time frame for achieving pregnancy after discontinuing birth control was approximately 18 months. However, the passage from being a childless couple to that of being a couple with children did not occur within this time frame as a result of being infertile. The inability to achieve pregnancy and parenthood resulted in the development of an uncertain self view. Hammer Burns (1987) has theorized that because couples who desire children psychologically prepare themselves to receive the child in their lives, the physical absence of the child in infertile relationships may lead to the development of an ambiguous self identity. In a descriptive study which focused on the infertility experience for 48 women, Sandelowski (1987) found that the women experienced a sense of marginality because of the disparity between the perceptions of being healthy and feeling dysfunctional as a result of being infertile. The sense of marginality contributed to the experience of uncertainty. The women therefore, continually constructed and reconstructed their identities as fertile or infertile individuals.

Having an uncertain self view as a result of perceiving oneself as fertile but experiencing difficulty in actualizing that fertility, led the couples in this study to search for the reason for being infertile. Some of the participants felt tremendous guilt for not being able to fulfil the role of childbearer and subsequently experienced depression. These feelings as well as those feelings which range from surprise, denial, isolation, anger, guilt, and sadness are well documented in the literature which addresses the emotional experience of being infertile (Carp & Carp, 1984; Clapp,

1985; Hargreaves Pearson, 1992; Kraft, Palombo, Mitchel, Dean, Meyers, & Schmidt, 1980; Mahlstedt, 1985; Millard, 1991; Olshansky, 1987)

In order to make sense of the reality of being infertile but still continue to perceive themselves as potentially fertile, some of the couples in this study believed they were being punished by God for their previous sexual activities. Searching for the meaning for the infertility is a common reaction of infertile individuals (Davis & Dearman, 1991; Kraft et. al., 1980; Matthews & Matthews, 1986).

The infertile men who participated in this study found dealing with their infertility particularly difficult. For these men, being infertile was a blow to their masculinity. According to Larkin (1985) men tend to equate infertility with a lack of masculinity. Davis (1987) found that infertile men felt to an even greater degree than women, that their infertility was the result of being defective in their sexuality. For one man in this study, dealing with being infertile and regaining some sense of his masculinity, was made easier once the reason for the infertility was known.

In response to having an uncertain self view and a sense of helplessness as a result of feeling marginal, the participants engaged in behaviours directed at protecting their perceptions of self while pursuing pregnancy through medical interventions. Some of the strategies that they used included: avoiding social events which would remind them of their inability to achieve pregnancy, sharing their infertility with people perceived as supportive, and regaining control of their life by becoming more knowledgeable about infertility and its treatment. These coping strategies are common in people experiencing infertility (Davis, 1987; Davis & Dearman, 1991; Larkin, 1985; Mahlstedt, 1985; Sandelowski, 1988).

Another strategy used by two participants to manage their uncertain self-view, was to reflect about the parental role and its associated responsibilities. This is similar to Rubin's (1984) notion of becoming the psychosocial mother and preparing to receive the child in the one's life space.

Being a Parent.

During their infertility, the couples in this study had worked hard to gain control of their lives. However, once the goal of parenting had been achieved, the women in this study expressed a sense of loss of control when parenting. Their perceptions of what parenting would be like were often different than the actual experience of parenting. This finding is similar to the findings of a study which focused on postponed motherhood conducted by Kuchner (1993). In his study, women expressed concern about their inability to parent in a manner reflective of the level of competence and control that they had developed in the other aspects of their lives.

Balancing the child's needs with their own needs, appeared to be a difficult task for the women in this study. They frequently reported they had little or no time to pursue interests outside of the responsibilities associated with being a mother. It has been frequently reported in the literature that mothers of newborns find they have difficulty in negotiating time for themselves (Dubin, 1982; Kuchner, 1993; Schlesinger & Schlesinger, 1989). What is interesting to note is that these studies have focused on the immediate postpartum period where the care of the newborn is often described as overwhelming. The children in this study however ranged in age between one and five years. The substantial demands of the newborn should have

diminished as a result of caring for a more independent toddler and preschooler. However, for these mothers it would appear that setting aside one's own needs had become a permanent condition.

The reason that these mothers may have found it difficult to set time aside for themselves may be that they tended to view their child an extension of themselves. This finding is contrary to Kuchner's (1993) results in a study of postponed motherhood. According to Kuchner, women who experienced delayed motherhood had no difficulty in separating identities of themselves as workers and mothers. However, the women in Kuchner's study were in their late 30's and early 40's. In this study, the mean age of the women at the birth of their first child was 28 years. Although the women participating in this study experienced delayed motherhood, the delay was involuntary. Because of their experience with infertility and the long anticipated goal of achieving motherhood, these mothers may have had more difficulty accepting the perception of self as being composed of multiple identities and therefore, were unable to define themselves apart from being a mother and the associated responsibilities of mothering.

Compared to the women, the men in this study did not appear to be as uncertain about their self image. That is, the men were able to describe themselves in relation to their work, spouse, offspring and sibling relationships. Using an instrument call The Pie which asks the participant to list the main roles in their life thereby reflecting the salience or importance of each aspect, Cowan, Cowan, Heming, and Miller (1991) found that new fathers dedicate less of the pie to the parent aspect of self than do mothers. Consistent with the findings of Cowan and colleagues, the

fathers in this study recognized parenting as part of their self identity but none of them stated that being a parent was the most important part of their self identity. Ehrensaft (1994) also found that men did not reflect the same sense of identification or extension of self in relationship to their child as did women. The fathers participating in this study were not as concerned as were the mothers with every detail associated with the tasks of childrearing.

The mothers in this study were very concerned with every detail pertaining to their child's well being. The concern in relation to childrearing practices expressed by the mothers of this study resulted in the wish to be a perfect parent. Being perfect was equated with displaying everlasting patience, being flexible and creative, never being angry or short with the child, ensuring that the child was appropriately well dressed, and that the child's diet promoted health and growth. Unfortunately, trying to meet this high standard of parenting was extremely difficult and served to create doubt in the women's abilities to parent and their perception of self as parent. According to Wilborn (1976), mothers who aspire to being a perfect parent often perceive themselves as ineffective and unappreciated which may disrupt the mother-child relationship.

According to Dubin (1982), Simon (1992), and Wilborn (1976), mothers who subscribe to attaining perfection in their parenting are often left feeling vulnerable and uncertain of self in parenting. These findings however may be influenced by maternal age. Issod (1987) concluded that older parents were less concerned about being good parents. Although the parents in this study were older then the average age of other parents at the birth of their first child, perhaps the need for the mothers in this study

to be perfect is a result of uncertainty. They had perceived their pregnancy as fragile and tentative in nature. Subsequently, the child resulting from the pregnancy was also perceived as vulnerable and required parental protection and control.

Uncertain Couple Alliance

Forming a Parental Identity.

All of the couples in this study indicated a desire to have children. Having children within the marital relationship was viewed as a natural outcome of being married. Other researchers have also found that couples perceive parenthood as a consequence of being married (Kraft, et. al., 1980; Mahlstedt, 1985; Matthews & Matthews, 1986).

In order to manage the uncertainty of becoming parents due to their infertility, one couple in this study examined the viability of their marital relationship. Though their marital relationship underwent considerable stress during this re-examination, the couple felt that their relationship was ultimately strengthened because of their efforts to determine their common goals and because of the measures they agreed upon they would undertake to achieve pregnancy. This finding is reflective of Hammer Burns' (1987) conclusion that in order to reduce marital strain during infertility, loyalty to the marital relationship must be re-established.

In order to protect the marital relationship, another strategy used by the couples in this study was to approach the problem of infertility as a couple problem rather than the problem of only one individual. The couples were able to protect their marital relationship from the harsh realities associated with infertility treatment by discussing with each other their concerns related to various aspects of the treatment

regime, and by controlling the amount of investment put into a particular treatment regime. This finding is similar to the findings of a study conducted by Sandelowski, Harris, and Holditch-Davis (1989) in which the transition to parenthood of infertile couples through medical interventions was explored. These researchers developed the theory of mazing in which infertile couples managed the maze of treatment based on rational decisions.

Another strategy used by the couples in this study to protect their self esteem was to share their infertility only with others whom they perceived as supportive. However, in their research, Sandelowski and Jones (1986) found that the nature of the social exchange between fertile and infertile women was coercive in nature. The infertile women felt they were being forced to give or receive information from friends, family, acquaintances and at times even from their marital partner. Other authors (Davis, 1987; Hobfoll, 1985; Mahlstedt, 1985) have found that an infertile couple may not share their infertility with family and friends to avoid being given advice, or to avoid losing status or prestige in the eyes of others. However, the couples in this study did share their infertility with some people. Matthews and Matthews (1986) argue that when a couple communicates to family and friends that they are seeking outside help to achieve pregnancy, the couple has accepted "their infertility as objectively real" (p. 643). For the couples in this study, it may be that selective use of disclosure to supportive friends and family members was perceived to be helpful in making decisions about infertility treatment.

Because life was described by the couples in this study as revolving around the menstrual cycle, the objective reality of being infertile was continually reinforced as

months passed and pregnancy was not achieved. Due to the "roller coaster ride" of being infertile, the couples in this study found it difficult to protect their sense of accomplishment in procreation and hence their self-esteem. Therefore, the couples in this study developed strategies to deal with the stress of being continually reminded of their incompetence in reproduction. One such strategy was to limit the amount of investment put into a particular treatment regime if the needs of the couple were not being met. This is reflective of Blenner's (1992) strategy of temporalizing whereby couples would set a time limit on a treatment modality.

Another strategy used by the couples in this study to protect the couple alliance and perception of self as a fertile unit, was to choose treatment regimes which were compatible with their value systems. One couple in this study however, was limited in their choice of treatment to that of donor insemination as a result of male infertility. In order to cope with undergoing donor insemination, this particular couple felt that they had to defend and justify their choice of treatment in order to protect their perceptions of being a fertile unit. In their study of infertile couples who undergo donor artificial insemination, Wedeward Prattke and Gass-Sternas (1992) found that couples who appraise this type of treatment as a threat to their emotional well being, used the coping strategy of anger-hostility. These couples experienced confusion and bewilderment in relation to paternity and consanguinity and poorer emotional health. For the couple in this study, defending and justifying their choice of treatment may be akin to the coping strategy of anger-hostility described by Wedeward Prattke and Gass-Sternas.

Being a Parent.

In becoming parents, the couples in this study reported that their marital relationship appeared to come second to the parenting aspect. However these effects were viewed as inconveniences rather than problems requiring their active intervention. Minimization of the negative effects of parenthood on the marital relationship may have occurred because the couples counterbalanced the negative effects of having become parents with the pleasure of having achieved their goal of parenthood. In addition, the effective coping strategies developed by the couples during infertility treatment may have helped them to cope with the transition to parenthood. According to Cowan (1991a) and Cowan, Cowan, Heming and Miller (1991) the state of the parents' marriage before the baby arrives is more predictive of the parents' adaptation in parenthood than the stress they experience in caring for the infant. The couples in this study may have perceived less stress and less marital dissatisfaction than some couples who do not experience infertility.

It would appear that the negative effects of infertility on the couple relationship which resulted in an uncertain couple alliance during infertility treatment, did not have a carry over effect to the couple relationship during parenting. As noted by Hammer Burns (1990) most couples who have experienced infertility believe that becoming parents has made them closer in their marital relationship.

Uncertain Pregnancy Outcome

Forming a Parental Identity.

Though pregnancy was achieved and the event of parenting a child appeared to be imminent, all of the couples participating in this study recognized the tenuous

nature of the pregnancy. As a result of the ambiguity of pregnancy and their repeated failures during the course of infertility treatment, the couples were uncertain about the outcome of the pregnancy. This uncertainty is consistent with studies conducted by Cornwell Floyd (1981) and Bernstein (1990) who found that couples who experienced repeated failures in their attempts at conceiving had difficulty accepting the reality of a pregnancy and experienced difficulty in believing that the pregnancy would result in a live normal infant.

To enhance the chances of delivering a healthy baby, all of the women in this study engaged in behaviours which were thought to physically protect the fetus. The protective strategy was to avoid substances and activities perceived as harmful to the fetus. These protective behaviours are similar to the limitations in activity, nutrition and the pursuit of a career for women who were diagnosed with a high-risk pregnancy (McGeary, 1991). This finding is also reflective of protective governing identified by Corbin (1987) in which expectant mothers who have a chronic illness use the strategies of assessing the degree of risk for themselves and their baby for morbidity and mortality during pregnancy, balancing the benefits and risks of management options, and controlling the pregnancy by sharing the management of the pregnancy with health care providers in order to maximize the chances of a healthy pregnancy outcome. Engaging in protective behaviours by the mothers of this study, is also reminiscent of Rubin's (1984) concept of safe passage in the second trimester of pregnancy. According to Rubin, during this time period the expectant mother seeks prenatal care in order to ensure the fetus' well being and to protect the child from being damaged.

Garner (1985) has speculated that couples who have become pregnant after infertility may display ambivalent behaviours and delayed attachment to the child during pregnancy. In this study however, the couples frequently spoke both during the pregnancy and after the birth, of the child's specialness. In particular, the couples perceived the child as special because of his/her unique characteristics. For the couples in this study, perceiving the child as special facilitated the development of feeling connected to the child. This is akin to the binding-in process described by Rubin (1975) where the expectant mother begins to identify the unborn child as an individual once fetal movements are detected, and is clearly manifested by the woman at the birth of child when the mother identifies the child as a known being.

Uncertain Family Boundaries

Forming a Parental Identity.

In the event of infertility, the couple is faced with redefining when, how and what constitutes a family (Daly, 1988). All of the couples in this study defined family as a structure in which members were biologically related. The biological child was viewed as the avenue by which genetic characteristics were transmitted. In agreement with Hammer Burns' (1987) findings, a biological child can provide a glimpse of the spouse as a child, a legacy of the marital relationship, and an inheritance for each partner's family.

For one couple, the biological relationship of each partner to the child was not possible because they used donor artificial insemination for the treatment of their infertility. Therefore, the husband expanded his perception of family to include children who were biologically related to his wife. Expanding his definition of family

enabled him to recognize the genetic link between his wife and the child. In contrast, Hammer Burns (1987) has noted that some reproductive technologies such as donor artificial insemination lend themselves to the development of boundary ambiguity as the technology obscures kinship ties based on bloodlines.

Being a Parent.

As noted earlier in the discussion of uncertain family boundaries, the couples in this study maintained contact with only those people whom they perceived as supportive in their efforts to become parents. In protecting themselves, the couples established rigid nuclear family boundaries during the period of infertility through the use of avoidance techniques which later resulted in feeling isolated during parenting. Bernstein (1990) has concluded that infertile couples who become isolated during their infertility must renegotiate family relationships in order to facilitate the parental role transition and to avoid social isolation. However, the protective strategy utilized during the period of infertility made it more difficult for the couples in this study to establish a social network of other parents after the child's birth. The couples noted that their friends had developed different interests and activities as a result of having children earlier than they did. As noted by Kuchner (1993) being out of phase in relation to parenting issues "...may make it more difficult to establish friendships based on the mutuality of experiences" (p. 9).

Many of the couples sought social support from their community prior to accessing support from their extended family. This finding is in contrast to the findings of a study conducted by Harrison, Neufeld and Kusher (1995). These researchers found that women preferred to get support from close family members

during a life transition such as the birth of the first child. The couples in this study may have chosen to access support from the community for two possible reasons. First they had withdrawn from family and friends during infertility. Second they had experienced support during infertility from a community agnecy.

However, many of the couples experienced difficulty in locating a dependable support network in the community. They perceived that the community did not value parenting. Because the couples believed that parenting was not valued by their community, support offered by various agencies within the community may have been viewed less favourably and therefore, minimally used. This finding is reflective of Hobfoll's (1985) conclusion that people who undergo an event which is devalued may be too embarrassed to seek support and may even hide the fact that they are in need of assistance. It is interesting to note that parenting in isolation for couples in this study was the result of two different perceptions. In the first case, parenting in isolation resulted because the couples in this study had developed rigid boundaries in order to protect the nuclear family's boundaries. In the second case, parenting in isolation was the result of perceiving the social support system as inadequate in meeting their needs.

The uncertainty of the social support that was available to the couples in this study led to the identification of three parenting conditions. These were: a) families who continue to parent in isolation, b) families who parent without difficulty within the boundaries of the extended family, and c) families who parent with difficulty within the extended family boundary.

The type and amount of support available to the couples in this study

influenced and was also influenced by the development of nuclear family boundaries. Familial social support was described by the couples in this study as providing material and financial assistance and recognizing and accepting parenting approaches. The types of support desired and received by the parents in this study are akin to the relational, ideological, physical, and informational support described by Power and Parke (1984).

All couples who functioned as parents within an extended family reported that they relied on their families for support. Some of the couples stated that they had experienced a certain amount of friction between themselves and their own parents. According to Hansen and Jacob (1992) and Pieper (1976) this friction is not unusual as becoming a parent can reawaken old issues of dependence versus independence.

An issue which appeared to cause great friction between the couples in this study and the grandparents was that of receiving unsolicited aid and advice regarding childrearing practices. In particular, one father found his relationship with his mother-in-law to be highly conflictual in relation to childrearing practices. This father perceived his mother-in-law as continually undermining his parental authority and his role in the family. Contrary to this finding, Power and Parke (1984) and Cotterill (1992) have reported that intergenerational conflicts usually arise between mother-in-laws and daughter-in-laws.

For the majority of the couples participating in this study, establishing a dependable and acceptable support system resulted in following family traditions. These traditions ranged in nature from holiday observations to daily family rituals. According to Fiese, Hooker, Kotary, and Schwagler (1993) developing and

participating in family traditions and rituals is "...particularly important in the early stages of parenthood as roles and responsibilities become more clearly defined in family organization" (p. 634).

Overall, the birth of the child had varying degrees of impact on the couple's relationship with their own parents and in-laws. The majority of the couples in this study however, stated that their relationship with their own families had become closer and more intimate. In accordance with Schlesinger and Schlesinger's (1989) findings of postponed parenthood, most of the couples participating in their study felt that the experience of becoming parents had brought them closer to their own parents.

Uncertain Parenting

Being a Parent.

Like most new parents who embark on the uncharted path of parenting, the parents in this study longed for absolute solutions in order to counterbalance the feeling of being uncertain in their parenting. The uncertain feelings were due to the trial and error nature inherent in parenting. According to Stamp (1994) most new parents find that providing proper child care requires learning a set of skills for proficiency. However, it is possible that the experience of undergoing infertility treatments in order to achieve a pregnancy whose outcome was uncertain, left the couples in this study with a need to control all parenting events. As noted by Sargent and Schlossberg (1988) "...the need to control relates to the need to feel competent and to master new situations and new tasks" (p. 59)

Therefore, in order to control the uncertainty of parenting, the parents in this study became overprotective. Becoming overprotective was viewed as necessary since

the child in this study was frequently described as vulnerable to physical and emotional harms. Perceiving their child as vulnerable as a result of infertility is similar to the phenomenon found in families who experience the premature birth of a child and who believe or expect the child to die or to be permanently impaired (Macey, Harnom, & Easterbrooks, 1987).

Perceiving their child as vulnerable encouraged all the mothers in this study to protect their child's sense of self-worth. As noted earlier, controlling one's emotions, facial expressions, verbal exchanges and anticipating the child's needs at all times was the goal of perfect parenting espoused to by some mothers in this study. However, according to Thomasgard and Metz (1993) the need to overprotect the child may be the parent's response to their own internal anxiety associated with becoming a parent. The uncertainty in the parents' own feelings about themselves may have been the reason why the couples in this study described parenting as requiring continual adjustment.

Though the couples in this study were preoccupied with protecting the child from physical and emotional harms, they were also able to recognize the child's need to explore their own strengths and limitations. Balancing their encouragement of autonomy while providing their children with high levels of structure was found to be characteristic of optimal parents in a study conducted by Wright, Mullen, West, and Wyatt (1993).

In summary, it was found that couples in this study engaged in protective behaviours in order to manage the phenomenon of adjusting to becoming parents after infertility. The protective strategies most frequently used by the couples during the

time of infertility in which the parental identity was formed, were those of isolating themselves from situations which may have precipitated feelings of inadequacy, and negotiating infertility treatment regimes in such a way that their sense of self-esteem was more or less maintained. The strategy of protecting was modified once conception occurred. That is, once active parenting became an imminent possibility, protecting the child and the nuclear family boundaries became paramount in the couples' adjustment to becoming parents.

While both mothers and fathers used protective strategies in managing the process of becoming parents after infertility, there were two reasons why mothers tended to be more protective of their child than fathers. First, the mothers in this study tended to view the child as an extension of themselves while the fathers did not. Secondly, the mothers in this study wished to be perfect in their parenting. Fathers on the other hand, used protective strategies in their efforts to protect the nuclear family boundaries in order to clarify their role within the family.

The uncertainty in the outcome of parenting has been discussed in detail in this chapter. Because the parents in this study were uncertain of the outcome of parenting, the phenomena of adjusting to becoming parents after infertility was managed through the conscience use of protective strategies. The use of protective strategies in order to adjust to an uncertain parenting outcome is not unlike the conclusions drawn by Marck, Field, and Bergum (1994) in their overview of uncertain motherhood. These researchers have proposed that uncertainty in motherhood may create considerable disequilibrium for the mothers and that their modes of coping appeared to be active and functional.

The findings of this study are also similar to the findings of the studies conducted by Dunnington and Glazer (1991) and Bernstein (1990). These researchers found that previously infertile parents may lack self-confidence in parenting due to lack of role models and isolation from friends and family. The parents in this study also experienced isolation from family and friends and clearly identified uncertainty in their parenting abilities. Though these researchers postulate that delay in attachment between the parents and their child may occur in previously infertile couples, this conclusion is not supported by the findings of this study. In contrast, the parents appeared to feel a strong connection with the child early in the pregnancy and throughout the parenting experience.

In the study conducted by Daly (1988) which focused on the transition to parenthood through adoption, the couples in the study emphasized the importance of coming to a negotiated agreement about adoption before they could move ahead with the development of the adoptive parental identity. In this study, re-evaluating the marital relationship may have also assisted the couples to move forward in the development of their parental identity.

Nursing Implications

The findings of this research study have implications for nursing in the area of nursing practice and nursing research.

Nursing Practice

Since couples who choose to undertake infertility treatment in order to achieve parenthood put a high value on parenting, nurses working within the infertility clinic setting are well situated to begin the work of preparing these couples for parenting.

The first step in helping these future parents is to help them identify options in infertility which best fit their needs and values as a couple. The nurse can then work with the couple to develop policies and plans of care that take into account the couple's assessment of stressors, coping strategies and health care needs and which address the uncertainty they experience. This approach is especially important in situations where the couple uses reproductive technologies which blur the genetic link between the parents and child, such as in the case of donor insemination and in-vitro fertilization.

During the process of infertility treatments and following pregnancy, nurses can help the couple to clarify their perceptions of the marital relationship and to replace the fantasy child they may have developed during the course of the infertility. These goals may be facilitated by allowing and encouraging new parents to express their feelings of uncertainty about becoming parents and to discuss the disruption that a young child may cause. Allowing the couple to discuss the issues that they face may also help to decrease stress within the marital relationship.

Finally, nurses who work in the community setting are in the optimal position of identifying those parents who are at risk of developing an overprotective approach to their childrearing as a result of perceiving the child as vulnerable. Therefore, nurses should discuss with the parents their expectations of themselves, of their partners and of the child. Expressing their expectations may help parents to identify areas which appear to be problematic in developing an effective parenting style. As part of a decreasing uncertainty in being a parent, nurses and parents could focus on strategies which would best help the parents to become confident and competent in

their parenting. It would be important for the nurse to assist parents to recognize that by attending to their own needs as well as those of their child's, they facilitate the development of a healthy parent-child relationship.

Promoting Health Education in Nursing Practice.

The couples in this study indicated that they were unprepared for the amount of energy, time and commitment parenting required. Prenatal and postnatal parenting classes which would be developed exclusively for previously infertile couples would meet the need expressed by the couples in this study for information which is pertinent to their unique parenting experience. Gage and Hendrickson Christensen (1991) support the development of educational classes which address the immediate needs of the parents. These classes are perceived as more positive by the parents as opposed to the traditional teaching approach which attempts to prepared expectant parents by anticipating skills they will require to parent. This type of program would allow new parents to interact with other previously infertile couples who have been parenting for longer periods of time thereby facilitating the development of a specialized support network. Helping the parents to develop a social support system outside of formal parenting classes may assist the parents to identify people and situations around them for additional support. This expanded social network is particularly important since many of the couples in this study described themselves as parenting in isolation.

As noted by Koeske and Koeske (1990), education and the development of a social support system serve to buffer the stress of becoming parents. Therefore, in response to the expressed needs of the couples participating in this study, it is

important for nurses working with parents either prenatally or postnatally to take every opportunity to provide the type of information described above and to enhance the couples' ability to protect their self view and the couple relationship.

Nursing Research

The transition to parenthood in apparently fertile couples has received considerable attention over the last three decades. However, little research had been conducted which focuses on the experience of becoming parents after infertility. There is little information available to couples which would assist them in becoming parents following infertility.

A longitudinal study designed to follow couples undergoing infertility treatments through to the parenting of a school age child would gather data throughout the parenting experience rather than retrospectively as this study has done. Such an approach would provide data that could be used for a comparison between the transition to parenthood for fertile couples.

Further research studies are needed which focus specifically on the effects that different types of reproductive technologies may have on the attainment of the parental identity. There is some indication in this study that the protective strategies used in the process of adjusting vary according to the technology. Furthermore, studies which include a more diverse group of parents in terms of age and culture, may generate a more dense description of the process of becoming parents after infertility. In this study all of the couples were Caucasian and in their late twenties or early thirties. It is possible that including couples who are older or of different cultures may identify different components of becoming parents after infertility

through the use of various treatment modalities.

Finally, replication of this study with particular attention to the effect of uncertainty in identifying oneself as a parent, would increase the research available regarding uncertain motherhood and may motivate researchers to explore uncertain fatherhood and parenting. There is little research that examines fathering after infertility.

Strengths and Limitations

Couples were selected for this study using a purposeful sampling method. Therefore, the couples who participated in this study were able to provide information necessary to identify and describe the experience of becoming parents after infertility. However, as a result of purposive sampling, only couples who sought medical treatment for their infertility participated in this study. Other infertile couples who attained parenthood through the alternate routes of adoption or eventually without medical assistance did not participate in this study.

The couples in this study were diverse in terms of age, level of education achieved, income, cause of infertility, and treatment modality used to achieve pregnancy thereby providing a range of experiences. However, the couples represented a homogenous population in that all of the participants in this study were parenting within a stable couple relationship and were Caucasian. Other couples experiencing higher conflict within the marital relationship while parenting after infertility may have unique parenting experiences which need to be explored since no couples fitting this description participated in this study.

The researcher's experience in working with infertile couples and new parents

served to strengthen this study. This knowledge served to provide the researcher with theoretical sensitivity when interviewing and during coding and analyzing the data. Though it was not possible for the researcher to completely code the data between interviews, the researcher did review each interview to identify themes prior to attending the next interview. In this way, the interviews were guided by the themes identified in the previous interview.

A final strength of this study was the approach used in interviewing the couples. The couples in this study were interviewed together. By interviewing the couples together, the researcher was able to get two accounts of the experience of becoming parents after infertility. Furthermore, because the partners would corroborate each other's story, a more expanded and accurate description of the process of becoming parents after infertility was captured. A limitation of conducting conjoint interviews noted by the researcher is that because each individual was anxious to share their perceptions of their experiences, at times they would interrupt the other partner's stream of thought and discussion. This may have resulted in redirecting the partner's thoughts thereby disruppting the continuity of their story.

Conclusion

In this chapter, the process of adjusting to becoming parents after infertility has been discussed in relation to the current literature available regarding the transition to parenthood in apparently fertile relationships and in situations where the child is ill. The implications for nursing practice and research are addressed, as well as the strengths and limitations of the study. It is hoped that this research conceptualizes the couples' experience of becoming parents after infertility and will

provide the impetus for further research. It is also hoped that this study will assist nurses in providing care for these families.

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Appendix A

Newspaper Advertisements

Newspaper Advertisement for the Primary Sample

Parenting After Infertility

A registered nurse from the University of Alberta is conducting a graduate research study on becoming parents after infertility. If you and your partner have been infertile and have since given birth to a baby within the last five years, you are invited to participate in this study. Please call 492-7344 for more information.

Newspaper Advertisement for the Negative Case

Parenting After Infertility

A registered nurse from the University of Alberta is conducting a graduate research study on becoming parents after infertility. If you and your partner have had a biological child following adoption you are invited to participate in this study. Please call 492-7344 for more information.

Appendix B

Correspondence to Parents

Information Letter

Project Title: Becoming a Parent After Infertility

Name of Researcher:

M. Sedgwick, R.N.
Master of Nursing Candidate
Faculty of Nursing
University of Alberta
Phone: 492-7344

Thesis Supervisor:

Dr. M. Harrison
Associate Professor
Faculty of Nursing
University of Alberta
Phone: 492-5931

Parents

I am interested in learning about people who become parents following infertility. If you and your partner are interested in taking part in this study, you and your partner would be interviewed twice. The first interview would take about one to two hours. Other interviews will take less time. The interviews would take place at an agreed time and place.

If you and your partner are willing to talk to me about your experience of becoming parents following infertility please contact me at 492-7344. I will return your call to explain the study and answer your questions.

Monique Sedgwick, R.N.

Master of Nursing Candidate

Appendix C

Biographic Information

Please provide a response for each question.

1. How old are each of you? Female partner:_____

Male partner:_____

2. How many years of education have each of you completed?

Female partner:_____

Male partner:_____

3. What is the employment status of each of you?

Female partner: Full time Part time Student

Not working outside the home

Male partner: Full time Part time Student

Not working outside the home

4. What are each of your occupations?

Female partner:_____

Male partner:_____

5. Number of years in present relationship?_____

6. How many years were you together prior to becoming parents?_____

7. How many years as a couple did you experience infertility?_____

8a. Was pregnancy achieved through treatment?_____

b. If yes, by what method of treatment was pregnancy achieved?_____

9. How many pregnancies were achieved?_____

10. How many children have been conceived and born from this relationship?_____

Appendix D

Consent Forms

Informed Consent Form

Project Title: Becoming Parents After Infertility

Name of Researcher:

Monique Sedgwick, R.N.
Master of Nursing Candidate
Faculty of Nursing
University of Alberta
Phone: 492-7344

Thesis Supervisor:

Dr. M. Harrison
Associate Professor
Faculty of Nursing
University of Alberta
Phone: 492-5931

The purpose of this study is to learn about the experience of becoming a parent following infertility.

Your participation in this study will require that you describe your experience of becoming a parent after infertility. You will be interviewed two or more time. The first interviews will be in person. Other interviews may be done in person or by telephone as agreed between us. The first interview will last about one to two hours. It is expected the second interview will be shorter. All interviews will take place with you and your partner together. Interviews done in person will take place at an agreed upon time and place.

All interviews will be tape recorded. Only the researcher and a typist will listen to the tapes. Thesis committee members may read the typed interviews. The tapes and typed interviews will be kept in a locked drawer. Your name will not appear on the typed interviews. Make believe names will be used. When the study is finished, the tapes will be destroyed. The typed interviews will be kept for seven years after the study is completed. The typed interviews may also be used in future studies. Such studies will be conducted once ethical clearance is obtained. The consent form will be stored separately from the tapes and typed interviews in another locked drawer and will kept for five years. The final report may contain your comments but your name or any information which may identify you will not be used. The information and findings of this study may be presented at conferences, or

published in a scholarly journal.

Participation in this study is your choice. The study may involve talking about thoughts and feelings that may be upsetting to you. You do not have to answer any questions you do not feel comfortable in answering. You are free to stop the interview at any time. You may also withdraw from the study at any time by telling the researcher. You may not benefit from this study. Your participation may be helpful to other previously infertile couples.

This is to certify that I,_____ agree to
(print name)
participate as a volunteer in this research project. I am aware of the purpose of the study and what is involved. All my questions have been answered in a way that I understand. I am aware that each interview will be tape recorded by the researcher. I can withdraw from the study at any time. I have been given a copy of this form to keep. I can call the researcher at any time if I have any questions or concerns.

_____ _____

(participant) (date)

_____ _____

(researcher) (date)

If you wish to receive a summary of the study when it is finished please complete the following:

Name: _____

Address: _____

_____

_____

Informed Consent Form for Secondary Informants

Project Title: Becoming Parents After Infertility

Name of Researcher: Thesis Supervisor:

Monique Sedgwick, R.N. Dr. M. Harrison

Master of Nursing Candidate Associate Professor

Faculty of Nursing Faculty of Nursing

University of Alberta University of Alberta

Phone: 492-7344 Phone: 492-5931

The purpose of this study is to learn about the experience of becoming a parent following infertility.

Your participation in this study will require that you read a description of the experience becoming a parent after infertility. You will be asked to comment on the description. You will be interviewed once with the interview lasting about one to two hours. The interview will take place with you and your partner together. The interview will take place at an agreed upon time and place.

The interview will be tape recorded. Only the researcher and a typist will listen to the tapes. Thesis committee members may read the typed interviews. The tapes and typed interviews will be kept in a locked drawer. Your name will not appear on the typed interviews. Make believe names will be used. When the study is finished, the tapes will be destroyed. The typed interviews will be kept for seven years after the study is completed. The typed interviews may also be used in future studies. Such studies will be conducted once ethical clearance is obtained. The consent form will be stored separately from the tapes and typed interviews in another locked drawer and will kept for five years. The final report may contain your comments but your name or any information which may identify you will not be used. The information and findings of this study may be presented at conferences, or published in a scholarly journal.

Participation in this study is your choice. The study may involve talking about thoughts and feelings that may be upsetting to you. You do not

have to answer any questions you do not feel comfortable in answering. You are free to stop the interview at any time. You may also withdraw from the study at any time by telling the researcher. You may not benefit from this study. Your participation may be helpful to other previously infertile couples.

This is to certify that I,_____ agree to
(print name)
participate as a volunteer in this research project. I am aware of the purpose of this study and what is involved. All my questions have been answered in a way that I understand. I am aware that each interview will be tape recorded by the researcher. I can withdraw from the study at any time. I have been given a copy of this form to keep. I can call the researcher at any time if I have any questions or concerns.

_____ _____

(participant) (date)

_____ _____

(researcher) (date)

If you wish to receive a summary of the study when it is finished please complete the following:

Name: _____

Address: _____

_____

_____

Appendix E

Interview Guide

1. Tell me about being a parent.

2. What does it mean to you to become a parent?

3. Describe for me how you identify yourself as being a parent.

4. When did you become aware of yourself as a parent?

5. How has your relationship with your partner changed since you have become a parent?

6. How has your relationship with your family and friends been affected by becoming a parent?

7. How have your expectations of becoming a parent been affected by your previous infertility experience?

8. How would becoming a parent be different if you had not been previously infertile?